

LARNED STATE HOSPITAL PSYCHOLOGY INTERNSHIP PROGRAM (LSHPIP)

Handbook
2018-2019





Mental Health Bell

LSHPIP is an APA-accredited
psychology internship program.

Questions related to the program's accredited status
should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation
American Psychological Association
750 1st Street, NE, Washington, DC 20002
Phone: (202) 336-5979 / E-mail: apaacred@apa.org
Web: www.apa.org/ed/accreditation

2018 – 2019 Internship Calendar

August 6 – 8	Mental Health Conference
August 9-10.....	New Employee Orientation
August 13-15.....	CPI Training
August 15 – 17	Rotation Specific Orientation
August 17.....	Didactic Presentation, etc.
August 20-22.....	New Employee Orientation (cont)
August 22 – 24	Primary Rotation Shadowing and Orientation
September 3.....	HOLIDAY
November 12.....	HOLIDAY
November 15.....	Deadline for New Intern Applications
November 24 – 26.....	HOLIDAY
December 15.....	Notify Applicants of Interview Status
December 25.....	HOLIDAY
January 1	HOLIDAY
January 14	HOLIDAY
January 23 – 27	Intern Applicant Interviews
February 22.....	Match Results Released
May 27	HOLIDAY
July 4.....	HOLIDAY
July 31	Intern Evaluations of Program, Supervisors and Agency Due
August 2	Graduation Celebration

TABLE OF CONTENTS

	Page
2018-2019 Internship Calendar	3
Table of Contents	4
History	5
Program Competencies (overview)	6
Rotation Descriptions	7
Intern Selection	8
Reports to Intern's University	8
Internship Credit	8
Intern Duties	9
Intern Evaluation	9
Training Outline Core Areas	9
Stipend	11
Work Week	11
Professional Liability Insurance	12
Resources Available to Interns	12
Employment of Psychology Interns and Job Requirements	12
LSH Requirement	13
Maintenance and Security of Internship Records	13
Non-discrimination Statement	13
HIPPA/Patient Rights	13
Attendance	14
Grievance Procedures	14
Rotation Closures	20
Policy on Social Media	21
Deficiency Reports to Intern's University	23
Competency Based Scholar-Practitioner Model	24
Intern Evaluation Form	27
Range of Diversity Experiences	50
Case Conference Evaluation Form	51
Supervision Model	52
Student Supervision Agreement	53
Program & Competency-Related Goal Setting	56
Training Goals & Proposed Course Outline	57
LSHPIP Evaluation Form	58
LSHPIP Intern Self-Evaluation	63
One year follow-up Form	66
Appendix A (Staff)	67
Appendix B (Example of Intern Schedule)	68
Appendix C (Didactic Training Schedule)	69
Appendix D (Didactic Evaluation Form)	78
Appendix E (Example of Time log)	79
Appendix F (Campus Map)	80
Appendix G (Intern Disclosure)	81

Larned State Hospital (LSH)

We are currently a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC), and we are accredited through the American Psychological Association (APA) as a doctoral internship in clinical psychology.

LSH is a psychiatric hospital administered by the state of Kansas Department for Aging and Disability Services (www.kdads.ks.gov). LSH is one of three state psychiatric hospitals operated by the state. Located in rural Kansas on a 78-acre campus, LSH has three distinct programs. The Psychiatric Services Program (PSP) is comprised of three 30-bed units which provide care and treatment for adults from a 61 county catchment area. Most patients are admitted on an involuntary status after being found to be a mentally ill person who is a danger to self and/or others or unable to adequately care for him or herself. All patients must be screened through his/her local mental health center before he/she can be admitted.

The State Security Program (SSP) is comprised of six units which serves patients who are criminally committed by the court system or transferred from the Kansas Department of Corrections (KDOC) for treatment. SSP provides court ordered pre and post trial assessments (e.g., competency to stand trial assessments, pre-sentence evaluations), sexual predator evaluations, competency restoration treatment, treatment for patients found not guilty by reason of mental defect, and treatment in lieu of confinement. Also housed on SSP, is the Security Behavior Unit (SBU) for civilly committed male patients who have severe behavioral disturbances including extreme aggressiveness. The Security Behavior Unit accepts patients from PSP and from our sister hospital (Osawatomie State Hospital). Lastly, one unit on SSP is dedicated to working with KDOC inmates requiring intensive treatment. SSP is the only “forensic” hospital in the State of Kansas and therefore, accepts patients from all counties in the state.

The Sexual Predator Treatment Program (SPTP) is comprised of eight units with an all-male (no females at this time) population for patients committed under the Kansas Violent Sexual Predator Act. SPTP accepts patients committed from all counties in the state. The focus of SPTP is to provide treatment and work toward community reintegration for the residents ordered to the program. Currently, residents of SPTP are located on several buildings on campus, including one unit on the Isaac Ray building.

There are two additional facilities located on the LSH campus:

- 1) The Larned Correctional Mental Health Facility is operated by the KDOC for younger male inmates.
- 2) The KDOC also operates a minimum-security male prison on campus.

Patients at LSH are provided a full range of psychiatric services including social detoxification, psychosocial rehabilitation, individual and group therapy, co-occurring disorders treatment, activity therapy, medication management, case management,

vocational training, behavior support plans, discharge planning, and other services. All programs/units provide treatment using an interdisciplinary treatment team in which psychology staff members serve as treatment team facilitators.

Clinical departments who have core members in the treatment teams are: psychiatry, psychology (who serve as treatment team facilitators), social services, and nursing. Other clinical departments involved in patient care at LSH include: activity therapy, dietary staff, chaplaincy, clinic/laboratory services, and pharmacy.

The Department of Psychology at LSH is comprised of caring and competent practitioners. The Director of Psychology is a licensed psychologist who has oversight of all psychology services at the hospital. The Director supervises three Supervising Psychologists (one each for the State Security Program, Psychiatric Services Program, and the Sexual Predator Treatment Program) who are responsible for the oversight and clinical and administrative supervision of the provision of all psychological services in his/her program. In addition to the Supervising Psychologists, a training faculty consisting of appropriately licensed psychology staff provide clinical supervision for psychology clerks (those who are completing a Bachelor's degree), practicum students (those who are completing a Master's Degree), doctoral interns (those who are completing a Doctoral degree), and post-doctoral fellows (those obtaining the needed training and supervision hours for licensure). Furthermore, the department is composed of licensed (and temporarily licensed) doctoral psychologists, licensed (and temporarily licensed) master's level psychologists, post-doctoral fellows, clinical therapists, licensed addictions counselors, human service counselors, and program consultants.

PROGRAM COMPETENCIES

LSHPIP provides training procedures with the overall goal of producing psychologists who are competent in providing psychological services in an ethical, professional, and knowledgeable manner in a variety of settings (e.g., mental health centers, state hospitals, correctional settings, etc.). As such, LSHPIP is dedicated to nurturing the development of interns from professionals-in-training to confident, competent, culturally sensitive psychologists. Additionally, our goal is to help interns evaluate research in a critical manner to facilitate empirically supported interventions (in assessment and treatment). All interns are exposed to the same training curriculum that includes: individual and group therapy, assessment and report writing, weekly didactic training, individual and group supervision, peer consultation, and professional development experiences. The LSHPIP's training model recognizes that interns enter internship year with different levels of experience, skill sets, and professional goals. Each intern works with his/her primary and secondary supervisors to develop an individualized training plan that maintains adherence to our core training competencies. During the 12-month internship year, interns will complete work on all three programs (one year-long primary rotation and two one-day-a week, six month secondary rotations).

ROTATIONS:

Interns are placed for the full year at a primary rotation four days a week. For the first six months, each intern will spend one day a week (Monday) at a secondary rotation site. At the mid-point of the training year (usually mid-February), the interns will switch secondary rotation sites. Interns also spend four hours each week in didactic training, case presentations, and group supervision. The variety of potential experiences and strong emphasis on training and professional development provide a rich experience for LSHPIP interns.

SSP:

On SSP, all interns will be exposed to working with criminally committed patients. Doctoral interns will participate in initial diagnostic assessment, psychological testing, comprehensive test battery administration and report writing, treatment planning meetings, and individual and group psychological therapy. As the training year progresses, doctoral interns will assist with various forensic evaluations (e.g., competency to stand trial assessments, mental state at the time of the offense determinations, and pre-sentence evaluations) as this will be an emphasis during this clinical rotation. Doctoral interns will also facilitate competency restoration classes. Interns will have several opportunities to observe expert testimony. Finally, all psychology interns will learn about the provision of services within a social learning framework.

PSP:

On PSP, all interns will be exposed to working with patients either voluntarily or civilly committed by court for inpatient treatment due to psychiatric issues causing them to be a danger to themselves or others or unable to adequately care for themselves without further intervention. Doctoral interns will have the opportunity to work with patient populations that range from young adults to the geriatric population in various units designed to meet the specific needs of patients based on those patients' age, current psychiatric functioning, and estimated length of stay. Doctoral interns will participate in initial diagnostic assessment, psychological testing, comprehensive test battery administration and report writing, treatment planning meetings, and individual and group psychological therapy. The focus of this rotation will be assessment, diagnosing, and providing therapeutic interventions (group/individual therapy).

INTERN SELECTION AND QUALIFICATIONS

The Director of Training is responsible for coordinating the application and selection process. Applications are available on the APPIC website and the Director of Training provides proxy access to the training faculty to review the electronic submissions. One hard copy of each application is printed and stored by the administrative assistant to the Psychology Department. All applicants with “readiness” endorsements from their training directors are encouraged to apply. To be considered for an interview, an intern must have completed a minimum of two practica experiences and exhibit report writing skills commensurate with current level of training. Skype interview may be utilized to assist in the interview process; however, on-site interviews are strongly encouraged. Applicants are notified on or before December 15 of his/her interview status via email. Final approval of all candidates is made by the intern selection committee (i.e., the Director of Training/Chair of the Internship, Vice Chair of the Internship, and the remaining internship faculty members). LSH adheres to the procedures established by APPIC for offering psychology internship positions. Written confirmation of an internship offer follows the match process.

If selected as an intern, you will be fingerprinted and LSH will conduct a criminal background check at no cost to you. Applicants who match to our program but do not successfully pass this background check will not be employed as doctoral interns (see APPIC Match Policy 6b).

The applications of individuals not accepted into the program are kept on file for a period of two years for administrative purposes.

This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking related information from an intern applicant.

REPORTS TO THE INTERN’S UNIVERSITY

Various home universities have different requirements regarding reports from the internship program to the university with respect to the intern’s progress. In keeping with APA policies, the Director of Training will provide the home university with an assessment of the intern’s status following each of the four scheduled evaluations unless the university requires different documentation. An intern’s primary supervisor has the responsibility of completing any additional reports required by the university.

INTERNSHIP CREDIT

The LSH internship is a full time (i.e., 40 hours a week), 12-month program resulting in 2000 training hours. Individuals who satisfactorily complete the program receive a certificate reflecting his or her accomplishments. Credit toward a degree is a decision made by the training faculty of an intern’s home university. Credit toward fulfilling the

requirements of state certification or licensure is a decision made by the Board of Examiners where application is being made. If, for whatever reason, an intern's participation in the LSH internship program is terminated prior to completing the full 12 month program, it is our policy to provide the intern's home university and any subsequent legitimate inquirers (such as a State Board of Examiners) a statement which:

1. Documents the amount of time the intern was in the program
2. Indicates the intern's status within the program at the time of termination
3. Reflects the reasons for the termination
4. Summarizes the evaluations of the intern's supervisors

NOTE: For those unique cases (illness, pregnancy, other) that may impact completion of the internship within the 12-month period, the training faculty will work with the impacted student to reach a mutually agreeable solution. For example, in past years we have extended an internship in order to allow an intern to fulfill the requirements of the position.

INTERN DUTIES

Doctoral interns will develop and/or enhance skills in various areas such as test selection and administration, individual and group therapy, report writing, crisis intervention, ethics, diversity, working with others, time management/organization, leadership skills, program development, and interdisciplinary treatment team functioning.

INTERN EVALUATION

All interns on their primary rotation will receive a formal, written copy of feedback every three months (for a total of four evaluations). Additionally, interns on the secondary rotation sites will receive a formal, written copy of feedback at the three-month (mid rotation) and six-month (end of rotation) time period.

TRAINING OUTLINE CORE AREAS

Therapy: The types of therapy experiences offered through LSHPIP are primarily individual and group modalities. The intern is expected to develop competency in the delivery of individual and group therapy to consumers representing diversity in culture, background, and presenting problems. Issues of ethical conduct, sensitivity to multicultural issues, and the integration of research and practice will be emphasized.

Assessment: Psychological assessment is an important part of the practice of professional psychology, and each intern is expected to become familiar with a variety of widely accepted assessment instruments. At LSH, we have selected five specific instruments (WAIS-IV, MMPI-2-RF, WRAT-4, PAI, and the RBANS or COGNISTAT) that interns will develop competency in administering, scoring, and interpreting.

Additionally, interns are expected to develop competency in selecting, administering, scoring, and interpreting batteries of tests as well as producing written reports. Interns must complete a minimum of three integrated assessments. Ethical conduct, adhering to testing processes and procedures, multicultural issues, and the integration of research and practice will be emphasized.

Didactic Training: Training is provided through weekly scheduled seminars. Training will address a variety of areas, including topics such as DSM-5 diagnoses, multicultural issues, therapy techniques, ethical concerns, various psychological tests, professional development issues, and forensic evaluations. The professionals providing training are primarily licensed psychologists, but may also include psychiatrists, pharmacists, licensed addictions counselors, post-doctoral fellows, master's level clinicians, social workers, and others. The majority of training sessions will include ancillary materials, such as journal articles or reference lists. The training schedule is created prior to the beginning of the year when, as a group, supervisors discuss each topic and sequence them so that it is progressive in difficulty and sequential, with a firm foundation in generalist areas being built. In addition, LSH has numerous training opportunities offered on campus, including a mental health conference which interns attend during their first week of training. Lastly, interns are encouraged to take advantage of agency and community training opportunities in relevant areas.

Supervision: Supervision occurs in both an individual and group formats. Each intern receives at least two hours of weekly individual supervision from a licensed psychologist at his or her primary rotation and one hour a week with a licensed psychologist at his or her secondary rotation. Each intern also regularly receives at least one hour of group supervision from a licensed psychologist per week. In the past, interns have been provided group supervision by a variety of LSHPIP supervisors throughout the year. This is considered a strength of the program in that it allows interns contact with multiple psychologists and perspectives. At this time, we have not heard any complaints about having multiple supervisors provide the group supervision. In fact, we have repeatedly heard that interns like to experience supervision from different supervisors. The topics addressed in supervision include: administrative issues (communication, policies and procedures, problem resolution, etc.), multidisciplinary issues/organizational behavior, professional development issues, intern progress, assessment and treatment issues, discussion of clinical cases (or case presentations when scheduled), training opportunities, dissertation (if applicable), and multicultural issues.

Group supervision provides an opportunity for interns to present clinical cases (formal case presentation) and to discuss various clinical concerns that may arise throughout the internship year. There is no assumption of confidentiality about what supervisees disclose in supervision. Supervisors need to be free to discuss anything disclosed in supervision with other supervisors. To do less is to risk compromise of clinical and ethical obligations. It also helps clarify an important distinction between supervision and therapy and avoid dual relationship problems.

Interns are required to present a minimum of two formal case presentations during the training year. Feedback from supervisors and peers is an integral part of group supervision, as all interns participate in this weekly group activity. The intern is expected to show an understanding of how legal and ethical principles and research findings may be applied during supervision and case presentations.

Please note that supervision hours cannot be “banked.” In other words, if you have completed 200 hours of supervision by July, you are still required to have four hours of supervision a week rather than skipping supervision for your last six weeks of internship.

Intern Project: An important aspect of LSHPIP is the emphasis on professional development, including the ability to work cooperatively with peers and other professionals. In keeping with this priority, each intern class is expected to engage in a collaborative project that is completed under the guidance of the LSHPIP Chair, other supervisors, or other hospital staff. .

Mock Trial: As a culmination of experiences during the internship year, interns participate in a mock trial in which they serve as an expert witness. For the last six years, LSHPIP was able to procure the services of two local attorneys and a judge to assist in facilitating a mock trial. We feel this provides an excellent learning opportunity and allows interns to receive feedback from other professionals (attorneys, judges) on the integration of psychology and law.

STIPEND

Interns are classified as temporary employees and will receive hourly pay at approximately \$12/hour (about \$24,000 a year) for the 2018-2019 training year. In addition, interns receive full benefits, including health insurance (medical, dental, and vision) and paid sick and vacation time. Pending availability, interns can also receive subsidized on-campus housing.

WORK WEEK

Intern work week is Monday through Friday 8am to 5pm. If time is missed (e.g., sick), an intern may ask his/her supervisor to make up time during the State of Kansas work week (Sunday through Saturday). If time is approved by the supervisor, an intern is expected to have no patient contact and generally completes reports or progress notes. However, if the supervisor will be on-site and has granted permission, patient contact is allowed. Any abuse of time will not be tolerated and will be addressed per the proper remediation procedures.

NOTE: If approved to work off-hours, an intern shall e-mail the direct supervisor upon arrival and departure.

PROFESSIONAL LIABILITY INSURANCE

Interns must provide their own professional liability coverage and proof of such.

RESOURCES AVAILABLE TO INTERNS

LSH has an Information Technology (IT) department for computer and networking needs. Each intern has office space which provides a computer with Microsoft Word software, Internet and e-mail capabilities. Additionally, interns have access to fax machines, copiers, scanners, printers, telephones, tele-video conferencing (often times for court) and computerized scoring protocols for various psychological measures. Furthermore, the psychology department has an administrative assistant who provides hundreds of hours of services to the interns/internship (assisting in setting up interviews, providing housing information to interns, completing timesheets for the interns, filing, providing mailing services, assisting with applications, addressing key assignments, etc.).

EMPLOYMENT OF PSYCHOLOGY INTERNS

The practice of psychology by a LSH psychology intern is governed by the following documents:

1. APA code of ethics
2. Kansas State Laws
3. Kansas Behavioral Sciences Regulatory Board (www.ksbsrb.org)
4. Kansas Department for Aging and Disability Services Policies and Procedures
5. Larned State Hospital Policies and Procedures
6. Larned State Hospital Psychology Internship Program Handbook

In accordance with the rules, regulations, and policies contained in the above documents, a psychology intern may not practice psychology at any level within the State of Kansas without direct supervision by a licensed psychologist who is employed at Larned State Hospital. Supervision will include a co-signature for all entries into the medical record as well as any psychological/forensic/court reports written. Interns will be provided with a database (e.g. Excel file) to track her/his hours spent at the hospital. The student is responsible for reviewing these hours with his/her direct supervisor and submitting the log electronically to the Director of Training or designee on a monthly basis.

LSH REQUIREMENTS

Interns must complete an LSH employment application, provide documentation regarding a recent physical, and complete paperwork for a security background check prior to beginning work at LSH. A drug screen is required. Failure to pass the background check or drug screen may result in the intern's employment at LSH being terminated.

MAINTENANCE AND SECURITY OF INTERNSHIP RECORDS

All records relating to the LSHPIP, with particular emphasis on intern records, are securely maintained permanently in two places. First, electronic records are maintained in the computer files maintained by the Department of Psychology Senior Administrative Assistant in password protected network files. The hardcopies of internship documents, including intern performance records, are maintained in a locked file cabinet inside a locked room located in the building that houses the training program administrative offices. The Senior Administrative Assistant maintains security of the keys required to access these hard copy files.

NON-DISCRIMINATION STATEMENT

The LSHPIP is committed to supporting cultural and individual diversity and does not discriminate on the basis of race/ethnicity, color, religion, sex, including marital status, national origin, ancestry, age, sexual orientation, disability, or veteran status in its recruitment, retention, or development of interns, faculty or staff. Its didactic and experiential training are aimed at fostering an understanding of cultural and individual diversity as they relate to professional psychology. LSH is committed to ensuring equal opportunity. Its equal opportunity/nondiscrimination policy is designed to ensure that employees, students, residents, and supervisors understand their rights and responsibilities. LSH's discrimination complaint procedure is designed to ensure that concerns are handled in a timely and responsive manner.

HIPAA/PATIENT RIGHTS

LSH has an extensive set of policies in place to protect patient rights, including informed consent, confidentiality, and privacy of patient records. A HIPAA privacy officer, a HIPAA security officer, and a KDADS attorney are on-site to consult on such matters. Our Clinical Information Management (CIM) department maintains a Documentation Systems Manual that outlines documentation requirements. Additionally, LSH maintains an Intranet where all policies and procedures of LSH can be found/accessed. All psychology interns attend the hospital orientation where she/he will receive an

overview of these policies. In addition, interns complete program specific and departmental orientation that provided information about LSH policies/procedures. Psychology interns are expected to follow all LSH, program, and department policies. We encourage students to read all hospital and departmental policies as well as the policies for their assigned programs.

ATTENDANCE

Interns are granted State Holiday time off (usually 10 days/year) and a total of **five** days of Vacation/Sick Time. Up to **five** additional days will be granted for dissertation defense and other scholarly activities but will be monitored so the intern can complete the training program within the allotted time frame. Often for the time taken off, time will need to be spent off-site engaging in intern related activities (practicing tests, reviewing articles, etc.) to meet the 2,000 requirement. Interns are expected to seek permission for any time off and must notify the administrative assistant and rotation supervisor of any absences or tardiness. With supervisor approval, time may be flexed within a work week to maintain 40 hours. Additional internship tasks/time may be completed at home (such as preparing material for presentations, researching articles, reading books, etc.).

GRIEVANCE PROCEDURES

This section provides interns an overview of the identification and management of intern problems and concerns, a listing of possible sanctions, and an explicit discussion of the due process procedures. Also included are important considerations in the remediation of problems.

I. Definition of Problematic Behavior

Problematic Behavior is defined broadly as an interference in professional functioning which is reflected in one or more of the following ways: 1) an inability and/or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior; 2) an inability to acquire professional skills in order to reach an acceptable level of competency; and/or 3) an inability to control personal stress, strong emotional reactions, and/or psychological dysfunction which interfere with professional functioning.

It is a professional judgment as to when an intern's behavior becomes problematic rather than of concern. Trainees may exhibit behaviors, attitudes or characteristics, which, while of concern and requiring remediation, are not unexpected or excessive for professionals in training. Problems typically become identified when they include one or more of the following characteristics:

1. The intern does not acknowledge, understand, or address a problem when identified;

2. The problem is not merely a reflection of a skill deficit which can be rectified by academic or didactic training;
3. The quality of services delivered by the intern is sufficiently negatively affected;
4. The problem is not restricted to one area of professional functioning;
5. A disproportionate amount of attention by training personnel is required; and/or
6. The trainee's behavior does not change as a function of feedback, remediation efforts, and/or time.

II. Remediation and Sanction Alternatives

It is important to have meaningful ways to address problematic behavior once it has been identified. In implementing remediation or sanction interventions, the training staff must be mindful and balance the needs of the intern, the clients involved, members of the intern training group, the training staff, and other agency personnel. A progressive remediation/sanction process will be used by the internship.

1. Verbal Warning to the intern emphasizes the need to discontinue the inappropriate behavior under discussion. No record of this action is kept.

2. Written Acknowledgment to the intern formally acknowledges:

- a) That the Training Director is aware of and concerned with the performance rating,
- b) That the concern has been brought to the attention of the intern,
- c) That the Training Director will work with the intern to rectify the problem or skill, deficits, and
- d) That the behaviors associated with the rating are not significant enough to warrant more serious action.

The written acknowledgment will be removed from the intern's file when the intern responds to the concerns and successfully completes the internship.

3. Written Warning to the intern indicates the need to discontinue an inappropriate action or behavior. This letter will contain:

- a) A description of the intern's unsatisfactory performance;
- b) Actions needed by the intern to correct the unsatisfactory behavior;
- c) The time line for correcting the problem;
- d) What action will be taken if the problem is not corrected; and
- e) Notification that the intern has the right to request a review of this action.

A copy of this letter will be kept in the intern's file. The Training Director in consultation with the intern's primary and secondary supervisor may give consideration to removing this letter at the end of the internship. If the letter is to remain in the file, documentation should contain the position statements of the parties involved in the dispute.

4. Schedule Modification is a time-limited, remediation-oriented closely supervised period of training designed to return the intern to a more fully functioning state. Modifying an intern's schedule is an accommodation made to assist the intern in responding to personal reactions to environmental stress, with the full expectation that the intern will complete the internship. This period will include more closely scrutinized supervision conducted by the regular supervisor in consultation with the Training Director. Several possible and perhaps concurrent courses of action may be included in modifying a schedule. These include:

- a) Increasing the amount of supervision, either with the same or other supervisors;
- b) Change in the format, emphasis, and/or focus of supervision;
- c) Recommending personal therapy;
- d) Reducing the intern's clinical or other workload;
- e) Requiring specific academic coursework.

The Training Director in consultation with the primary and secondary supervisor will determine the length of a schedule modification period. The termination of the schedule modification period will be determined, after discussions with the intern, by the Training Director in consultation with the primary and secondary supervisor.

5. Probation also is a time limited, remediation-oriented, more closely supervised training period. Its purpose is to assess the ability of the intern to complete the internship and to return the intern to a more fully functioning state. Probation defines a relationship that the Training Director systematically monitors (for a specific length of time) the degree to which the intern addresses, changes and/or otherwise improves the behavior associated with the inadequate rating. The intern is informed of the probation in a written statement that includes:

- a) The specific behaviors associated with the unacceptable rating;
- b) The recommendations for rectifying the problem;
- c) The time frame for the probation during which the problem is expected to be ameliorated, and
- d) The procedures to ascertain whether the problem has been appropriately rectified.

If the Training Director determines that there has not been sufficient improvement in the intern's behavior to remove the Probation or modified schedule, then the Training Director will discuss with the primary and secondary supervisor the possible courses of action to be taken. The Training Director will communicate in writing to the intern that the conditions for revoking the probation or modified schedule have not been met. This notice will include the course of action the Training Director has decided to implement. These may include continuation of the remediation efforts for a specified time period or implementation of another alternative.

6. Suspension of Direct Service Activities requires a determination that the welfare of the intern's client or consultee has been jeopardized. Therefore, direct service activities

will be suspended for a specified period as determined by the Training Director in consultation with the training supervisors. At the end of the suspension period, the intern's supervisor in consultation with the Training Director will assess the intern's capacity for effective functioning and determine when direct service can be resumed.

7. Administrative Leave involves the temporary withdrawal of all responsibilities and privileges in the agency. If the Probation Period, Suspension of Direct Service Activities, or Administrative Leave interferes with the successful completion of the training hours needed for completion of the internship, this will be noted in the intern's file and the intern's academic program will be informed. The Training Director will inform the intern of the effects the administrative leave will have on the intern's stipend and accrual of benefits.

8. Dismissal from the Internship involves the permanent withdrawal of all agency responsibilities and privileges. When specific interventions do not, after a reasonable time period, rectify the problem behavior or concerns and the trainee seems unable or unwilling to alter her/his behavior, the Training Director will discuss with the training supervisors and the Superintendent of the hospital the possibility of termination from the training program or dismissal from the agency. Either administrative leave or dismissal would be invoked in cases of severe violations of the APA Code of Ethics, or when imminent physical or psychological harm to a client is a major factor, or the intern is unable to complete the internship due to physical, mental or emotional illness. When an intern has been dismissed, the Training Director will communicate to the intern's academic department that the intern has not successfully completed the internship.

III. Procedures for Responding to Inadequate Performance by an Intern

If an intern receives an "unacceptable rating" from any of the evaluation sources in any of the major categories of evaluation, or if a staff member has concerns about an intern's behavior (ethical or legal violations, professional incompetence) the following procedures will be initiated:

1. The staff member will consult with the Training Director to determine if there is reason to proceed and/or if the behavior in question is being rectified.
2. If the staff member who brings the concern to the Training Director is not the intern's primary supervisor, the Training Director will discuss the concern with the intern's primary supervisor.
3. If the Training Director and primary supervisor determine that the alleged behavior in the complaint, if proven, would constitute a serious violation, the Training Director will inform the staff member who initially brought the complaint.
4. The Training Director will meet with the training supervisors to discuss the performance rating or the concern.
5. The Training Director will meet with the Superintendent of the Hospital to discuss the concerns and possible courses of action to be taken to address the issues.

6. The Training Director, primary supervisor, and Superintendent may meet to discuss possible course of actions.
7. Whenever a decision has been made by the Training Director about an intern's training program or status in the agency, the Training Director will inform the intern in writing and will meet with the intern to review the decision. This meeting may include the intern's primary supervisor. If the intern accepts the decision, any formal action taken by the Training Program may be communicated in writing to the intern's academic department. This notification indicates the nature of the concern and the specific alternatives implemented to address the concern.
8. The intern may choose to accept the conditions or may choose to challenge the action.

The procedures for challenging the action are presented below.

IV. Due Process: General Guidelines

Due process ensures that decisions about interns are not arbitrary or personally based. It requires that the Training Program identify specific evaluative procedures that are applied to all trainees, and provide appropriate appeal procedures available to the intern. All steps need to be appropriately documented and implemented. General due process guidelines include:

1. During the orientation period, presenting to the interns, in writing, the program's expectations related to professional functioning—discussing these expectations in both group and individual settings.
2. Stipulating the procedures for evaluation, including when and how evaluations will be conducted. Such evaluations should occur at meaningful intervals.
3. Articulating the various procedures and actions involved in making decisions regarding the problem behavior or concerns.
4. Communicating, early and often, with graduate programs about any suspected difficulties with interns and when necessary, seeking input from these academic programs about how to address such difficulties.
5. Instituting, when appropriate, a remediation plan for identified inadequacies, including a time frame for expected remediation and consequences of not rectifying the inadequacies.
6. Providing a written procedure to the intern describing how the intern may appeal the program's action. Such procedures are included in the Intern Handbook, which is provided to interns and reviewed during orientation.
7. Ensuring that interns have sufficient time to respond to any action taken by the program.
8. Using input from multiple professional sources when making decisions or recommendations regarding the intern's performance.
9. Documenting, in writing and to all relevant parties, the actions taken by the program and its rationale.

V. Due Process: Procedures

The basic meaning of due process is to inform and to provide a framework to respond, act or dispute. When a matter cannot be resolved between the Training Director and intern or staff, the steps to be taken are listed below.

A. Grievance Procedure (for the intern)

Note: Grievance procedures can be initiated by the intern.

1. In the event an intern encounters any difficulties or problems (e.g. poor supervision, unavailability of supervisor, evaluations perceived as unfair, workload issues, personality clashes, other staff conflict, etc.) during his/her training experiences, an intern can:
 - a. Discuss the issue with the staff member(s) involved;
 - b. If the issue cannot be resolved informally, the intern should discuss the concern with the Training Director or a training supervisor;
 - c. If the Training Director or training supervisor cannot resolve the issue, the intern can formally challenge any action or decision taken by the Training Director, the supervisor or any member of the training staff by following this procedure:
 - i. The intern should file a formal complaint, in writing and all supporting documents, with the Training Director. If the intern is challenging a formal evaluation, the intern must do so within 5 days of receipt of the evaluation.
 - ii. Within three days of a formal complaint, the Training Director must consult with the Superintendent and implement Review Panel procedures as described below.

B. Grievance Procedure (by a training staff member)

1. If a training staff member has a specific concern about an intern, the staff member should:
 - a. Discuss the issue with the intern(s) involved.
 - b. Consult with the Training Director.
 - c. If the issue is not resolved informally, the staff member may seek resolution of the concern by written request, with all supporting documents, to the Training Director for a review of the situation. When this occurs, the Training Director will:
 - 1) Within three days of a formal complaint, the Training Director must consult with the Superintendent and implement Review Panel procedures as described below.

C. Review Panel and Process

1. When needed, a review panel will be convened by the Training Director. The panel will consist of three staff members selected by the Training Director with recommendations from the Superintendent and the intern involved in the dispute. The

intern has the right to hear all facts with the opportunity to dispute or explain the behavior of concern.

2. Within five (5) work days, a hearing will be conducted in which the challenge is heard and relevant material presented. Within three (3) work days of the completion of the review, the Review Panel submits a written report to the Training Director, including any recommendations for further action. Recommendations made by the Review Panel will be made by majority vote.

3. Within three (3) work days of receipt of the recommendation, the Training Director will either accept or reject the Review Panel's recommendations. If the Training Director rejects the panel's recommendations, due to an incomplete or inadequate evaluation of the dispute, the Training Director may refer the matter back to the Review Panel for further deliberation and revised recommendations or may make a final decision.

4. If referred back to the panel, they will report back to the Training Director within five (5) work days of the receipt of the Training Director's request of further deliberation. The Training Director then makes a final decision regarding what action is to be taken.

5. The Training Director informs the intern, staff members involved and if necessary members of the training staff of the decision and any action taken or to be taken.

6. If the intern disputes the Training Director's final decision, the intern has the right to contact the Department of Human Resources to discuss this situation.

ROTATION CLOSURES

Rotation placements should be closed to interns when they do not offer quality learning opportunities. This may occur when, for instance, a supervisor plans a prolonged absence, there is massive administrative reorganization occurring on a unit, the psychologist position is vacant, a new psychologist has just arrived on a unit and needs time to acclimate to the setting prior to providing supervision for an intern, or when interns find that a particular placement does not provide an adequate training experience.

When a rotation is to be closed, the supervisor involved generally makes the request for rotation closure. However, under some circumstances, the Training Committee, the Training Director, or the intern group may be the initiator of the request for rotation closure. The Training Committee must consider all requests for rotation closure.

If a rotation is closed in response to complaints that the rotation does not provide a good learning environment, the Training Committee's recommendation for rotation closure should include written specifics of the complaint. The supervisor of that rotation then has the responsibility to formulate a plan to remedy those problems, with the assistance of the Training Director. Evidence of correction or sufficient improvement must be presented to the Training Committee before that rotation may be reopened.

POLICY ON SOCIAL MEDIA

LSH is a teaching facility that provides psychology students/interns/post-doctorate fellows with required experience to fulfill educational and licensure obligations. This guideline is intended to notify such persons, both applying to the training program and those currently in the program, that they are personally responsible for all content they publish in blogs, wikis, social networks, forum boards, and other forms of user-generated media. This policy defines public information as anything that can be collected by a basic Internet search using an engine such as Google, including search results for social media sites like Facebook, MySpace, Twitter, LinkedIn, etc. LSH does not have permission to perform an in-depth investigation or require students/interns/post-doctorate fellows to disclose Internet passwords. Additionally, an applicant will never be evaluated based on their race, sex, religion, or any other protected class listed in United States antidiscrimination laws.

Public information posted on social networking sites may be considered and evaluated as to how it reflects professionalism by LSH Training Faculty. It's important to remember that all content contributed to online platforms becomes immediately searchable and is immediately shared. This content may leave the contributing individual's control forever and may be traced back to the individual even after long periods of time have passed. . Let this serve to notify those both considering applying to this training program as well as to those currently enrolled that information posted on social networking sites may be considered and evaluated as to how it reflects your professionalism. Professionalism is considered a core competency of psychology. It consists of (a) Professional Values and Attitudes, (b) Individual and Cultural Diversity, (c) Ethical Legal Standards and Policy, and (d) Reflective Practice, Self-Assessment, and Self-Care.

LSH has the responsibility to protect future patients from harm by ensuring that all applicants and psychology students/interns/post-doctorate fellows are fit to practice interpersonal psychotherapy. Therefore, public information obtained via the Internet may be used by appropriate LSH staff to evaluate applicants and their behaviors which may be indicative of competence problems, poor professionalism, or poor interpersonal judgment. Such practice is consistent with the role played by training programs as gatekeepers to the profession and the evaluation may result in adverse actions. Examples of troubling behavior include acts of discrimination, illegal behavior, or behavior that suggests a lack of professional judgment relevant to the professional practice of psychology.

Principle E of the Ethical Code for Psychologists (2010) states, in part, that: Psychologists respect the dignity and worth of all people, and the rights of individuals to privacy, confidentiality, and self-determination. Psychologists are aware that special safeguards may be necessary to protect the rights and welfare of persons or communities whose vulnerabilities impair autonomous decision making. Psychologists are aware of and respect cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual

orientation, disability, language, and socioeconomic status and consider these factors when working with members of such groups.

Consistent with this, faculty is respectful of individuals' reasonable right to privacy, even on a medium as inherently public as the Internet. However, it is the responsibility of applicants and current students to decide what information about themselves they want shared with the general public. Program faculty will therefore not circumvent established privacy settings in an attempt to "dig" for information that individuals are making a reasonable attempt to keep private.

When problematic behavior or information is identified, it shall be reviewed and discussed by the LSH Training Faculty for any implications it has for the professional practice of psychology and potential challenges to the training as a psychologist, as well as any signs that it might reflect interpersonal challenges to developing the deportment and competence necessary for becoming a psychologist. The following criteria will be used: What are the actual behaviors that are of concern, and how are those behaviors related to the profession wide competency areas emphasized in the LSH training program? How and in what settings have these behaviors been manifested? How serious is this behavior on the continuum of ethical and professional behavior? What is the explanation for the behavior? Alleged offenders will be contacted so as to provide an explanation for the obtained information and to permit the individual to contextualize and explain the information uncovered. From this determination, options will be developed; these options include, but are not limited to, denial of an interview or entry to the program, remedial training, or other interventions to address professionalism.

While each case is different and requires individual assessment, the following factors may indicate that the problem is more serious: The individual does not acknowledge, understand or address the problematic behavior when it is identified. The problematic behavior is not merely a reflection of a skill deficit that can be rectified by training. The behavior has the potential for ethical or legal ramifications, if not addressed. The individual's behavior negatively affects the public image of the agency, university, or the training site.

LSH adheres to a social media policy set forth by the Department of Administration. Interns who use social media (e.g., Facebook) and other forms of electronic communication should be mindful of how their communication may be perceived by clients, colleagues, faculty, and others. As such, interns should make every effort to minimize material that may be deemed inappropriate for a psychologist in training. To this end, interns should set all security settings to "private" and should avoid posting information/photos or using any language that could jeopardize their professional image. Interns should consider limiting the amount of personal information posted on these sites, and should never include patients as part of their social network, or include any information that might lead to the identification of a patient, or compromise patient confidentiality in any way. Greetings on voicemail services and answering machines used for professional purposes should also be thoughtfully constructed. As a preventive measure, the program advises that interns (and faculty) approach social

media carefully. In addition, the American Psychological Association's Social Media/Forum Policy may be consulted for guidance: <http://www.apa.org/about/social-media.aspx>

DEFICIENCY REPORTS TO THE INTERN'S UNIVERSITY

In the event there are serious problems with regard to an intern's ability to perform his or her clinical duties or if there are incidents of unethical conduct, the Director of Training will notify the intern's home university of the problems and actions being implemented.

COMPETENCY BASED SCHOLAR-PRACTITIONER MODEL

SCHOLAR-PRACTITIONER MODEL

The training model at Larned State Hospital (LSH) reflects the idea that research findings in the literature should inform both professional training but also professional practice. Therefore, the training model adopted by the LSH psychology internship program is the Scholar Practitioner model that emphasizes the interaction of practice and research. Our program is designed to train students to practice in a highly professional and competent manner that is informed by the science of clinical psychology. Interns are trained to apply reasoned critical thinking skills to their clinical practice (from assessment to individual therapy). Although the faculty represents a variety of clinical orientations and interests, an emerging emphasis in empirically supported treatments is present throughout the curriculum. This means that interns are trained to utilize various techniques, which have empirical support in, the literature related to their effectiveness. Although the LSH psychology internship program provides training in the practitioner-scholar model, we recognize that many of our interns come from scientist-practitioner graduate programs, and we believe that the LSH psychology internship complements and is in harmony with the development of competencies necessary for a scientist-practitioner professional psychologist.

MISSION STATEMENT:

The mission statement of Larned State Hospital (LSH) is as follows:

To provide a safety net of mental health services for Kansans in partnership with consumers, community providers and the justice system, and to deliver support services to related agencies

The mission statement of the LSH Psychology Internship Program (LSHPIP) is as follows:

To provide an integrated educational approach in the support of the development and maintenance of competency, proficient, scholar-practitioner modeled psychologists in service to Kansans in need of mental health services

PROGRAM COMPETENCIES:

- **Competency 1: Research**
 - Demonstrate competency in applying reasoned critical thinking skills to clinical practice and utilize empirically based techniques to inform clinical practice.
 - Demonstrate competency in utilizing empirical/research literature to inform professional practice
- **Competency 2: Ethical and legal standards**
 - Demonstrate competency in professional and ethical behavior
 - Demonstrate competency in legal aspects of professional psychology, including mandated reporting, utilizing supervision and providing supervision, as well as fundamental forensic considerations in psychological practice
 - Demonstrate competency in forming and maintaining a variety of appropriate professional relationships
- **Competency 3: Individual and Cultural Diversity**
 - Demonstrate competency in delivering therapeutic interventions and assessments with sensitivity to clientele diversity across multiple dimensions
 - Demonstrate competency in applying research based information related to individual differences and cultural diversity to all features of clinical practice.
 - Demonstrate competency in professional functioning that incorporates sensitivity to diversity elements that impact clients and colleagues
 - Demonstrate competency in effectively managing diversity issues in forensic and clinical settings
- **Competency 4: Professional Values, Attitudes, and Behaviors**
 - Demonstrate competency in the role of professional psychologist in multi-disciplinary teams
 - Demonstrate competency in professional organization, documentation, and diligence
 - Demonstrate competency in balancing professional and personal demands, including adoption of professional self-care strategies.
 - Demonstrate competency in incorporating professional ethics into daily functioning as a psychologist
- **Competency 5: Communications and Interpersonal Skills**
 - Demonstrate competency in adapting verbal and non-verbal communication and interpersonal approach to differing professional roles, clients, colleagues, settings, and audiences
 - Demonstrate competency in communicating as a professional psychologist consistent with the demands of a clinical or forensic setting.

- Demonstrate competency in participating in difficult communications while maintaining professionalism.
- Demonstrate competency in professional clinical and forensic written communication
- **Competency 6: Assessment**
 - Demonstrate competency in conducting clinical interviews, interview-based assessment and diagnosis
 - Demonstrate competency in using the DSM5 and differential diagnosis to diagnose
 - Demonstrate competency in selecting and administering psychological instruments appropriate for given evaluation questions
 - Demonstrate competency in scoring and interpreting psychological tests consistent with the demands of a given client population and clinical/forensic setting
- **Competency 7: Intervention**
 - Demonstrate competency in delivering psychotherapeutic interventions from an empirical basis appropriate to needs identified in clinical assessment process
 - Demonstrate competency in adapting psychotherapeutic interventions to individual aspects of clientele while maintaining the empirical core of the intervention
- **Competency 8: Supervision**
 - Demonstrate competency is utilizing clinical supervision, as well as fundamental understanding approaches to conducting clinical supervision
- **Competency 9: Consultation and Interprofessional/Interdisciplinary Skills**
 - Demonstrate competency in defining the scope of practice for professional psychologists, explaining the differing areas of practice for different health care disciplines, and using this information to manage interactions between these disciplines
 - Demonstrate competency in providing and receiving professional consultation
 - Demonstrate competency in functioning as a contributing member of a multidisciplinary team

Larned State Hospital Psychology Internship Program Intern Evaluation Form

Name: _____

Evaluation (please check correct evaluation period):

- | | |
|--|---|
| <input type="checkbox"/> Primary Rotation: _____ | <input type="checkbox"/> Secondary Rotation: _____ |
| <input type="checkbox"/> 1 st (3 months) | <input type="checkbox"/> 1 st (3 months) |
| <input type="checkbox"/> 2 nd (6 months) | <input type="checkbox"/> 2 nd (6 months) |
| <input type="checkbox"/> 3 rd (9 months) | |
| <input type="checkbox"/> 4 th (12 months) | |
| <input type="checkbox"/> Other (Specify: _____) | |

Please check the methods of intern assessment during this rating period:

- | | |
|--|---------------------------------|
| _____ Direct Observation | _____ Review of Written Work |
| _____ Videotape | _____ Review of Raw Test Data |
| _____ Discussion of Clinical Interaction | _____ Comments from Other Staff |
| _____ Case Presentation | _____ Other (Specify: _____) |

	Please use the below as a guide for competency ratings:
NA	Not applicable for this training/Not assessed during training experience.
A (5)	Advanced/Skills comparable to autonomous practice at the licensure level. Rating expected as an entry level licensed psychologist. Competency attained at full psychology staff privilege level; however, as a current intern, supervision is still required while in training status.
P (4)	Proficient/Minimal supervision needed. A common rating at completion of internship. Competency attained in all but non-routine cases; supervisor provides overall management of trainee's activities; Supervision shifts to a more consultative role with peers/colleagues.
I (3)	Intermediate/Supervision is developmental in nature Common rating throughout internship. Depth of supervision varies as intern progresses through internship. Intensity and complexity of cases and supervision shift throughout the internship training year
B (2)	Beginner/ Continued intensive supervision is needed. Most common rating for practice. Routine, but intensive, supervision is needed.
NI (1)	Needing improvement. Requires remedial work if trainee is to successfully complete the internship.
U (0)	Unsatisfactory/fail. Engages in unethical and/or grossly irresponsible practice and/or actions. Unable to fulfill core requirements.

*Ratings are based on how an intern is currently performing in each of the assessed areas. It is not necessary for evaluations across the internship year to show a progression in competencies, though that is not uncommon. At the end of the internship year demonstrated competence, as evidenced by attaining a rating of at least "P" on each objective, is required on the final primary Intern Evaluation for successful completion of the internship.

Please provide comments highlighting reasons for your rating. At the end of the evaluation, the supervisor should provide an overall summary of the intern's progress.

DIRECTIONS: For each competency element, please place a check mark next to the rating for the current progress. The intern's comments section is available for an intern to respond to the evaluation.

COMPETENCY 1: RESEARCH

MEASURES

Competency Element 1.1: Demonstrate competency in applying reasoned critical thinking skills to clinical practice and utilize empirically based techniques to inform clinical practice

- ☐ **NA** Not applicable for this training/Not assessed during training experience.
- ☐ **A** Has an advanced understanding of concept interdependency between clinical practice and empirical research. Independently discusses concepts related to professional psychology and its empirical basis. Shares relevant articles and other information.
- ☐ **P** Has well-developed critical thinking skills related to clinical practice of psychology and utilizes an array of clinical practices consistent with empirical research and literature.
- ☐ **I** Relates empirically-based concepts to case conceptualizations.
- ☐ **B** Has a basic understanding of the concept of applying research and empirical literature to clinical practice.
- ☐ **NI** Has a limited understanding of the concept of applying research and empirical literature to clinical practice. Requires additional reading assignments.
- ☐ **U** Does not review articles. Does not participate in discussions (in group or individual supervision).

Competency Element 1.2: Demonstrate competency in utilizing empirical/research literature to inform professional practice

- ☐ **NA** Not applicable for this training/Not assessed during training experience.
- ☐ **A** Routinely discusses empirical literature related to professional practice and routinely incorporates the information into practice.
- ☐ **P** When prompted, provides a fairly sophisticated understanding of the empirical literature related to professional practice. Intermittent application of empirical information to professional practice.
- ☐ **I** Demonstrates a fundamental awareness of empirical literature related to professional practice. Incorporates empirical findings in professional practice when prompted.
- ☐ **B** Demonstrates a rudimentary understanding of the relationship between empirical literature and clinical practice. Does not incorporate empirical

literature into professional practice.

- ___ **NI** Demonstrates a limited understanding of relevant empirical literature and its relevance to professional practice. Requires additional reading assignments.
- ___ **U** Does not evidence exposure nor understanding of empirical literature related to clinical practice. Does not participate in discussions (in group or individual supervision).

COMPETENCY 2: ETHICAL AND LEGAL STANDARDS

MEASURES

Competency Element 2.1: Demonstrate competency in professional and ethical behavior

Knowledge of ethical principles and/or state/national laws, including impact of cultural and individual differences. Consistently applies knowledge appropriately, seeking consultation/supervision as needed and demonstrating concern for the welfare of others.

- ___ **NA** Not applicable for this training/Not assessed during training experience.
- ___ **A** Spontaneously and consistently identifies ethical and/or legal issues and addresses them proactively. Uses reliable judgment concerning necessity of seeking out consultation/supervision as needed.
- ___ **P** Consistently identifies ethical and/or legal issues and appropriately asks for supervisory input.
- ___ **I** Generally recognizes recognizes awareness of hospital policies and discusses in supervision; not only seeks supervisory input but is responsive to feedback.
- ___ **B** Is sometimes unaware of ethical and/or legal issues and requires intensive supervision. Has a basic understanding of hospital policies and guidelines. Needs prompting to discuss situations in the supervisory setting.
- ___ **NI** Disregards supervisory input regarding ethics and/or law. Little to no awareness of hospital policies, ethical guidelines, or state/Federal laws.
- ___ **U** Engages in unethical and/or illegal practice and/or actions.

Comments:

Competency Element 2.2: Demonstrate competency in legal aspects of professional psychology, included mandated reporting, utilizing supervision and providing supervision, as well as fundamental forensic considerations in psychological practice

Attends supervision and training while displaying critical thinking, in part by acquiring, organizing, and applying information about psychological phenomenon. Displays

capacity for self-examination of professional development. Orally delivers effective and precise case conceptualizations in supervision/training.

- ___NA Not applicable for this training/Not assessed during training experience.
- ___A Spontaneously and consistently displays critical thinking in supervision and training. Openly engages in self-examination of professional development. Spontaneously and consistently orally delivers effective and precise case conceptualizations.
- ___P Consistently displays critical thinking in supervision and training. Often openly engages in self-examination of professional development. Consistently orally delivers effective and precise case conceptualizations, but may need occasional guidance and help in processing case conceptualizations.
- ___I Generally displays critical thinking in supervision and training. With guidance, openly engages in self-examination of professional development. Generally delivers effective and precise case conceptualizations, but needs prompting to be open to discuss and process case conceptualizations.
- ___B Needs intensive supervisory guidance in acquiring, organizing, and applying information about psychological phenomenon. Needs extensive supervision and guidance to engage in self-examination of professional development. Highly dependent on supervision for case conceptualization.
- ___NI Frequently fails to engage in critical thinking in supervision and training. Frequently fails to engage in self-examination of professional development and needs supervisory assistance to discuss these issues. Largely fails to engage in case conceptualizations and/or case conceptualizations do not capture the essence of cases.
- ___U Engages in unethical and/or illegal practice and/or actions.

Comments:

Competency Element 2.3: Demonstrate competency in forming and maintaining a variety of appropriate professional relationships

Presents self in a professional, courteous manner. Displays sensitivity to individual/cultural issues in relationships with supervisors, peers, and staff. Conforms to organization and role of psychologists within organization and intra-disciplinary teams, as required. Conforms to LSHPIP expectation regarding schedules, absences, submission of work product, etc.

- ___NA Not applicable for this training/Not assessed during training experience.
- ___A Maintains presentation of self in a professional, courteous manner. Maintains sensitivity to individual/cultural issues in relationships with supervisors, peers, and staff as evidenced by behaviors and ability to process relationships. Behaviors are spontaneously consistent with the

organization milieu and role of psychologists within the milieu. Adheres to LSHPIP expectations as outlined in the handbook. Serves as a role model not only for interns but also other staff.

- ___P Maintains presentation of self in a professional, courteous manner, though may overlook sometimes. Displays sensitivity to individual/cultural issues in relationships with supervisors, peers and staff, but may need occasional guidance and help in processing said issues. Behaviors are consistent with the organization milieu and role of psychologists within the milieu. Adheres to LSHPIP expectations as outlined in the handbook.
- ___I Generally maintains presentation of self in a professional, courteous manner, though may overlook sometimes. Appears aware of individual/cultural issues in relationships with supervisors, peers, and staff, but needs prompting to be open to discuss and process sensitivity issues. Behaviors are generally consistent with the organization milieu and role of psychologists within the milieu. Adheres to LSHPIP expectations as outlined in the handbook.
- ___B Often unaware of presenting self in a professional, courteous manner. Needs supervision regarding dress code, personal boundaries, and time management. Often unaware of individual/cultural issues in relationships with supervisors, peers, and staff.
- ___NI Is unconcerned about or disregards presenting self in a professional, courteous manner. Is unconcerned or disregards individual/cultural issues in relationships with supervisors, peers, and staff. Behaviors are generally inconsistent with the organization milieu and role of psychologists within the milieu. Largely fails to adhere to LSHPIP expectations as outlined in the handbook.
- ___U Engages in unethical and/or illegal practice and/or actions. Disregards the LSHPIP handbook.

Comments:

COMPETENCY 3: INDIVIDUAL AND CULTURAL DIVERSITY

MEASURES

Competency Element 3.1: Demonstrate competency in delivering therapeutic interventions and assessment with sensitivity to clientele diversity across multiple dimensions

Treatment approaches and interventions are based on knowledge of current literature of diversity, diagnoses, intervention, and where applicable, empirically supported treatment. Treatment is applied with sensitivity to diversity, diagnoses, and cultures.

- ___NA Not applicable for this training/Not assessed during training experience.
- ___A Treatment and interventions are based on knowledge of current

literature and self-awareness of personal competence in utilizing treatment approaches and interventions. Treatment facilitates client acceptance and change and is applied with sensitivity to diversity issues. Spontaneously demonstrates motivation to increase knowledge and expand range of treatment approaches and interventions through reading, training, and consultation as needed.

- ☐ **P** Treatment and interventions are based on knowledge of current literature and self-awareness of personal competence in utilizing treatment approaches and interventions. Treatment facilitates client acceptance and change and is applied with sensitivity to diversity issues; seeks consultation readily when needed. Generally seeks reading, training, and consultation as a means to increase knowledge and expand range of treatment approaches and interventions.
- ☐ **I** Treatment facilitates client acceptance and change and is applied with sensitivity to diversity issues, though supervisory guidance is required to do so. Readily accepts reading, training, and consultation as a means to increase knowledge and expand range of treatment approaches and interventions.
- ☐ **B** Needs extensive supervisory guidance to apply treatments so that client acceptance and change is facilitated. Needs extensive supervisory guidance to apply treatments with sensitivity to diversity issues. Needs extensive supervisory guidance to increase knowledge and expand range of treatment approaches and interventions.
- ☐ **NI** Appears unconcerned about increasing knowledge and expanding range of treatment approaches and interventions.
- ☐ **U** Engages in unethical and/or illegal practice and/or actions.

Comments:

Competency Element 3.2: Demonstrate competency in applying research based information related to individual differences and cultural diversity to all features of clinical practice.

- ☐ **NA** Not applicable for this training/Not assessed during training experience.
- ☐ **A** Spontaneously identifies potential issues relating to individual differences and cultural diversity across multiple areas of professional functioning.
- ☐ **P** Approaches to professional activities are based on knowledge of current literature and self-awareness of individual difference and cultural diversity. Seeks consultation around diversity readily when needed. Generally seeks reading, training, and consultation as a means to increase knowledge and expand range of sensitivity and expanded openness to diversity and individual differences.
- ☐ **I** Professional functioning incorporates sensitivity to diversity issues, though supervisory guidance is required to do so. Readily accepts reading, training, and consultation as a means to increase awareness,

- sensitivity, and subsequent professional behaviors.
- ___B Needs extensive supervisory guidance to appreciate importance of individual differences and diversity.. Needs extensive supervisory guidance to function professionally with adequate sensitivity to diversity issues. Needs extensive supervisory guidance to increase knowledge and expand sensitivity to diversity issues. Needs extensive supervision to utilize diversity sensitive professional behaviors.
 - ___NI Appears unconcerned about increasing diversity awareness and expanding range of appropriate professional behaviors incorporate sensitivity to individual differences and cultural diversity.
 - ___U Engages in unethical and/or illegal practice and/or actions.

Comments:

Competency Element 3.3: Demonstrate competency in professional functioning that incorporates sensitivity to diversity elements that impact clients and colleagues.

- ___NA Not applicable for this training/Not assessed during training experience.
- ___A Verbal and non-verbal professional behaviors are clearly influenced by efforts to incorporate diversity sensitivity and awareness. Displays comfort with efforts to recognize potential breaches in professional relationships related to diversity sensitivity errors. Evident comfort with efforts to correct such errors and remediate behaviors and relationships. Spontaneously demonstrates motivation to increase knowledge and expand range of diversity awareness through reading, training, and consultation as needed.
- ___P Professional behavior frequently incorporates diversity sensitivity. Feedback regarding potential negative impacts of professional behavior due to diversity issues is easily accepted and incorporated into adjusted behavior. Generally seeks reading, training, and consultation as a means to increase diversity sensitivity and awareness.
- ___I Professional behaviors incorporate sensitivity to diversity issues, though supervisory guidance is required to do so. Readily accepts reading, training, and consultation as a means to diversity sensitivity.
- ___B Needs extensive supervisory guidance to recognize and incorporate diversity issues in professional behavior. Needs extensive supervisory guidance to engage professional behaviors with sensitivity to diversity issues. Needs extensive supervisory guidance to increase knowledge and diversity sensitivity.
- ___NI Appears unconcerned about increasing diversity awareness and sensitivity.
- ___U Engages in unethical and/or illegal practice and/or actions.

Comments:

Competency Element 3.4: Demonstrate competency in effectively managing diversity issues in forensic and clinical settings

- ☐ **NA** Not applicable for this training/Not assessed during training experience.
- ☐ **A** Treatment and assessment approaches actively incorporate knowledge of current literature and self-awareness of personal competence in responding to diversity in patient population. Forensic and clinical functions are applied with sensitivity to diversity issues. Spontaneously demonstrates motivation to increase diversity awareness and sensitivity through reading, training, and consultation as needed.
- ☐ **P** Treatment and assessment approaches are sensitive to the importance of diversity issues. Forensic and clinical functions are applied with awareness of diversity issues; seeks consultation readily when needed. Generally seeks reading, training, and consultation as a means to increase knowledge regarding individual differences and diversity in clinical and forensic settings.
- ☐ **I** Treatment and assessment approaches are applied with sensitivity to diversity issues, though supervisory guidance is required to do so. Readily accepts reading, training, and consultation as a means to increase awareness, sensitivity and alternative professional behavior related to diversity.
- ☐ **B** Needs extensive supervisory guidance to apply treatment and assessment approaches with sensitivity to diversity issues. Needs extensive supervisory guidance to increase knowledge and sensitivity to individual differences and diversity.
- ☐ **NI** Appears unconcerned about increasing awareness and sensitivity to aspects of diversity in professional psychological functioning.
- ☐ **U** Engages in unethical and/or illegal practice and/or actions.

Comments:

COMPETENCY 4: PROFESSIONAL VALUES, ATTITUDES, AND BEHAVIORS

MEASURES

Competency Element 4.1: Demonstrate competency in the role of professional psychologist in multi-disciplinary teams

Efficient and effective time management with appropriate prioritization and capacity to manage workload. Demonstrates initiative and ability to work independently.

- ☐ **NA** Not applicable for this training/Not assessed during training experience.
- ☐ **A** Efficient and effective time management in accomplishing tasks without prompting, reminders, or deadlines. Independent in performing

- delegated job tasks.
- ___P Typically completes work within scheduled time frames. Accomplishes tasks in a timely manner, but needs occasional prompting, reminders, or deadlines. Largely independent in performing delegated job tasks.
 - ___I Completes work effectively and promptly by using supervision time for guidance. Regularly needs prompting, reminders, or deadlines. Occasionally independent in performing delegated job tasks.
 - ___B Highly dependent on reminders or deadlines. Highly dependent on assistance to perform delegated job tasks
 - ___NI Frequently has difficulty with timeliness or tardiness. Unable to perform delegated job tasks without assistance.
 - ___U Engages in unethical and/or illegal practice and/or actions.

Comments:

Competency Element 4.2: Demonstrate competency in professional organization, documentation, and diligence

Documentation reflects therapeutic intervention and/or assessment.

- ___NA Not applicable for this training/Not assessed during training experience.
- ___A Maintains complete records of all client contacts and pertinent information. Notes are clear, concise, and timely.
- ___P Maintains records on clients; may overlook some minor details, but recognizes oversights and retroactively makes corrections. Documentation always includes crucial information.
- ___I Needs feedback about what to document. Rarely, may leave out necessary information, and occasionally may include excessive information.
- ___B Needs considerable direction from supervisor on documentation. May leave out crucial information.
- ___NI May seem unconcerned about documentation and may neglect it.
- ___U Engages in unethical and/or illegal practice and/or actions.

Comments:

Competency Element 4.3: Demonstrate competency in balancing professional and personal demands, including adoption of professional self-care strategies.

- ___NA Not applicable for this training/Not assessed during training experience.
- ___A Spontaneously identifies more than 1 currently used self-care strategy; proactively prepares for and manages demands between personal and professional lives.
- ___P Adequately resolves instances of competing demands between personal and professional life, but does not anticipate routine demands; reports involvement in self-care strategies
- ___I Vague identification of self-care activities; frequent crisis relating to

- personal/professional demand conflicts.
- ___B Frequent issues relating to unanticipated conflicts between personal and professional lives; minimal recognition of the importance of professional self-care in regular routine
- ___NI Significant disruption to professional life demands relating to professional/personal life imbalance; no interest or efforts to incorporate self-care activities into regular routine.
- ___U Engages in unethical and/or illegal practice and/or actions.

Comments:

Competency Element 4.4: Demonstrate competency in incorporating professional ethics into daily functioning as a psychologist

- ___NA Not applicable for this training/Not assessed during training experience.
- ___A Routinely discusses importance of core ethical principles in routine professional activities; communicates overt awareness of ethical requirements for professional psychologists.
- ___P With prompting, identifies relevant ethical principles involves in any given professional activity; able to discuss those principles in a reasoned manner
- ___I Vague references to the importance of ethical principles to daily professional functioning; requires prompting to link any professional behavior to a specific ethical principle
- ___B Minimal inclusion of ethical considerations in efforts to describe and define routine professional functioning; misunderstanding of the meaning of fundamental ethical principles of psychology
- ___NI Overt exclusion of ethical considerations when discussing daily activities of a professional psychologist; refusal to consider feedback about ethical/unethical aspects of functioning
- ___U Engages in unethical and/or illegal practice and/or actions.

Comments:

COMPETENCY 5: COMMUNICATIONS AND INTERPERSONAL SKILLS

MEASURES

Competency Element 5.1: Demonstrate competency in adapting verbal and non-verbal communication and interpersonal approach to differing professional roles, clients, colleagues, settings, and audiences.

- ___NA Not applicable for this training/Not assessed during training experience.
- ___A Appropriately and spontaneously adjusts communication style and interpersonal approach in different professional settings and roles; able

- to describe intentional efforts to incorporate feedback, both verbal and non-verbal and adjust accordingly
- ___P When prompted, adjusts communication approach to best fit situation and roles
- ___I Persistently maintains limited array of communication styles, regardless of specific professional roles or situations.
- ___B Evidences limited flexibility in communication styles
- ___NI Evidences both minimal communication style flexibility and rejection of feedback of any need to expand this skill set
- ___U Engages in unethical and/or illegal practice and/or actions.

Comments:

Competency Element 5.2: Demonstrate competency in communicating as a professional psychologist consistent with the demands of a clinical or forensic setting.

- ___NA Not applicable for this training/Not assessed during training experience.
- ___A Evidences communication style (vocabulary, pacing, audibility, etc) appropriate to the role of a professional psychologist
- ___P Developing professional psychologist communication style, but still evidences incidents disruption in the ability to communicate as a professional psychologist.
- ___I Evidences basis professional communication skills, but struggles when challenged or questioned; unprepared for professional exchanges
- ___B Minimal examples of professional communication; struggles to communicate effectively as a professional psychologist
- ___NI No clear different between routine communication style and communication during period of professional functioning; difficult to discern efforts to exhibit professional communication
- ___U Engages in unethical and/or illegal practice and/or actions.

Comments:

Competency Element 5.3: Demonstrate competency in participating in difficult communications while maintaining professionalism.

- ___NA Not applicable for this training/Not assessed during training experience.
- ___A Evidences proficiency in managing conflict and challenge in the midst of professional communication; tolerates and welcomes feedback from other professionals in a manner consistent with the roles of a professional psychologist
- ___P Appropriately manages conflict or challenge in interactions while maintaining professionalism; tolerates feedback with minimal defensiveness
- ___I Tolerates challenge or conflict in communication, but tends to take a

defensive reactive stance; or, actively seeks conflict in communication with others as a means to demonstrating influence, power, or control; with effort, can tolerate constructive feedback.

- ___B Overtly avoids communications that may involve challenge, conflict, or feedback; or, actively attempts to initiate conflictual communication when it is not needed.
- ___NI Unaware of involvement in or encouragement of difficult or conflictual communication; avoids efforts to provide constructive feedback
- ___U Engages in unethical and/or illegal practice and/or actions.

Comments:

Competency Element 5.4: Demonstrate competency in professional clinical and forensic written communication

Writes a well-organized, clear report that addresses the referral question and provides the referral source with specific opinion/recommendations as required. Follows hospital policy and guidelines, (i.e., Forensic Report Policy). Reports use appropriate grammar, spelling, and terminology; cite sources of information (when applicable); and acknowledge gaps in information.

- ___NA Not applicable for this training/Not assessed during training experience.
- ___A Report is clear and thorough, follows a coherent outline that is an effective summary of the major relevant issues. Report clearly draws conclusions based on supportive evidence. Report uses appropriate grammar, spelling, and terminology; cites sources of information; and acknowledges gaps in information. Report makes useful and relevant recommendations as required. Report adheres to policies and guidelines.
- ___P Report covers essential points without serious error, may need polish in cohesiveness and organization. Report makes useful and relevant recommendations as required. Conclusions reached are clearly based on supportive evidence.
- ___I Report covers essential points, but may include errors in cohesiveness, conclusions, recommendations, etc. Rewrites are required, but major rewrites are rarely, if ever, required.
- ___B Report may miss essential points and may include errors in cohesiveness, conclusions, recommendations, etc. Reports require extensive rewrites.
- ___NI Inaccurate conclusions or grammar, spelling, organization, etc. interfere with report communication. Reports require frequent major rewrites.
- ___U Reports are filled with inaccuracies and are unethical (violating HIPAA standards) and/or violate hospital policies

Comments:

COMPETENCY 6: ASSESSMENT

MEASURES

Competency Element 6.1: Demonstrate competency in conducting clinical interviews, interview-based assessments and diagnosis.

Formally assesses mental status. Gathers relevant history, establishes rapport, and develops differential diagnosis information with sensitivity to diversity and awareness of the impact of self (e.g., individual differences, transference, world views, etc.).

- ☐ **NA** Not applicable for this training/Not assessed during training experience
- ☐ **A** Demonstrates a thorough knowledge of and ability to assess mental status. Gathers relevant history and relevant diagnostic criteria to develop an accurate diagnostic formulation autonomously. Excellent awareness of differential diagnoses and the use of Not Otherwise Specified and Provisional diagnoses. Consistently demonstrates sensitivity and awareness of the impact of self on assessment. No problems establishing rapport.
- ☐ **P** Occasional input needed regarding finer points of assessing mental status, relevant history, and diagnostic criteria to develop an accurate diagnostic formulation in difficult clientele or unusual findings. Demonstrates sensitivity and awareness of the impact of self on assessment.
- ☐ **I** Generally needs supervision and guidance in gathering relevant history and relevant diagnostic criteria to develop an accurate diagnostic formulation. Demonstrates sensitivity and awareness of the impact of self on assessment though may need input, guidance, and supervision. Still requires some assistance with differential diagnostic skills. Good rapport skills.
- ☐ **B** Needs extensive supervisory guidance in the assessment of mental status, gathering relevant history and differential diagnosis information to develop an accurate diagnostic formulation. Needs extensive supervisory guidance to consider and explore the impact of self on assessment. Occasional errors in assessment or gathering information.
- ☐ **NI** Frequent errors in the assessment of mental status. Frequent errors of omission or inclusion in gathering relevant history and differential diagnosis information. May seem unconcerned or disregards the impact of self on assessment. Interview is stilted and rapport is inadequate/lacking.
- ☐ **U** Engages in unethical and/or illegal practice and/or actions. Has no knowledge of conducting an interview or how to gather information.

Comments:

Competency Element 6.2: Demonstrate competency in using the DSM5 and differential diagnosis to diagnose.

- ___NA Not applicable for this training/Not assessed during training experience.
- ___A Uses the DSM-5. Has knowledge of all diagnoses. Is able to arrive at accurate diagnoses with no supervision. Would be able to train on the DSM-5.
- ___P Uses the DSM-5. Has knowledge of all diagnoses. Is able to arrive at accurate diagnoses with little to no supervision. Only requires supervision for difficult or challenging clients.
- ___I Uses the DSM-5. Has knowledge of most diagnoses. Is able to arrive at accurate diagnoses with some supervision. Still requires supervision for the nuances of various specifiers for the disorders.
- ___B Uses the DSM-5. Has knowledge of most diagnoses. Is able to arrive at accurate diagnoses with close supervision.
- ___NI Is able to use the DSM-5 and has a basic understanding of the diagnostic format.
- ___U No knowledge of the DSM-5

Comments:

Competency Element 6.3: Demonstrate competency in selecting and administering psychological instruments appropriate for given evaluation questions.

Promptly and proficiently administers appropriate tests in area of practice. Appropriately chooses the tests to be administered. Demonstrates competence in administering intelligence and personality/ psychopathology/ problem specific/ behavioral measures. Test selection and administration is based on knowledge of current professional literature regarding psychological assessment.

- ___NA Not applicable for this training/Not assessed during training experience.
- ___A Proficiently administers five specific tests (WAIS, MMPI, WRAT4, PAI, and COGNISTAT). Completes all testing efficiently. Autonomously chooses appropriate tests to answer referral questions. Uses knowledge of professional literature regarding psychological assessment in the selection and administration of tests, including cultural aspects.
- ___P Occasional input needed regarding finer points of test administration. Occasionally needs supervision and guidance in the selection and administration of tests. Good understanding of literature and relevance to test selection.
- ___I Generally needs supervision regarding test selection and administration. Generally needs consultation regarding appropriate tests to administer. Little to no scoring errors. Is able to demonstrate competency administering the WAIS, MMPI, WRAT4, PAI, and COGNISTAT.

- ___B Test administration is slow, irregular, but generally adheres to the standardization process. May need to recall client to further testing sessions due to poor choices in test selection.
- ___NI Frequently fails to follow standardization in test administration.
- ___U Engages in unethical and/or illegal practice and/or actions with testing.

Comments:

Competency Element 6.4: Demonstrate competency in scoring and interpreting psychological tests consistent with the demands of a given client population and clinical/forensic setting.

Accurately and thoroughly scores and interprets psychological tests. Demonstrates competence in scoring and interpreting intelligence and personality/ psychopathology/ problem specific/ behavioral measures.

- ___NA Not applicable for this training/Not assessed during training experience.
- ___A Skillfully and efficiently scores tests and interprets tests autonomously. Accurately interprets and integrates results prior to supervision with awareness of examinee's culture. Makes accurate and thorough formulations based on test results. No errors in testing.
- ___P Demonstrates knowledge of scoring methods. Reaches appropriate conclusions with some support and guidance from supervision. Integrates test results with little difficulty.
- ___I Completes scoring and interpretation on typical clientele with some supervisory input, occasionally uncertain how to handle difficult clientele or unusual findings. Understands basic use of tests, but may occasionally reach inaccurate conclusions from the test results. Infrequent scoring errors.
- ___B Needs extensive supervision and guidance in scoring and interpreting tests. Occasional scoring errors. Unsure how to integrate testing with clinical presentation.
- ___NI Frequently makes scoring errors. Reaches inaccurate or insupportable conclusions from test results.
- ___U Numerous errors. Does not respond to corrective actions.

Comments:

COMPETENCY 7: INTERVENTION

MEASURES

Competency Element 7.1: Demonstrate competency in delivering psychotherapeutic interventions from an empirical basis appropriate to needs identified in the clinical assessment process.

Formulates a useful case conceptualization that is based on diagnoses, history, literature, theoretical orientation, and individual/cultural differences. Therapy goals and treatment approaches are based on theories and methods of diagnosis and effective intervention, including empirically supported treatments.

- ___NA Not applicable for this training/Not assessed during training experience.
- ___A Independently produces thorough case conceptualizations within own preferred theoretical orientation; also able to draw some insight into cases from other orientations. Consistently sets realistic goals based on client involvement. Treatment approaches are consistently based on knowledge of current professional literature and, where applicable, empirically supported treatments.
- ___P Reaches case conceptualizations autonomously; recognizes improvements when pointed out by supervisor. Readily identifies emotional issues, but occasionally needs supervisory guidance for clarification of underlying issues and mechanisms. May need supervisory guidance in therapy goals and treatment approaches in difficult clientele. Treatment approaches are usually based on knowledge of current professional literature and, where applicable, empirically supported treatments.
- ___I Reaches case conceptualization with supervisory assistance. Aware of emotional issues when they are clearly stated by the client, but needs supervisory guidance for development of awareness of underlying issues and mechanisms. Needs supervisory guidance in therapy goals and treatment approaches aside from those addressed by clients. Treatment approaches are often based on knowledge of current professional literature and, where applicable, empirically supported treatments.
- ___B Needs extensive supervision to reach useful case conceptualization and treatment goals and approaches. Needs assistance to apply knowledge of current professional literature and empirically supported treatments.
- ___NI Responses to clients indicate significant inadequacies in theoretical understanding and case conceptualization. Misses or misperceives important emotional issues. Unable to set appropriate treatment goals based on knowledge of client and current professional literature and empirically supported treatments.
- ___U Engages in unethical and/or illegal practice and/or actions.

Comments:

Knowledge of group dynamics and skills in effectively planning and facilitating/leading psychoeducational and/or process groups, including: intervening in group skillfully, attending to member participation, attending to group communication, and preparing necessary materials to facilitate group goals and tasks.

- ___NA Not applicable for this training/Not assessed during training experience.
- ___A Elicits participation and cooperation from all members, confronts group problems appropriately and independently, and independently prepares for each session. If organization allows, can manage group alone in absence of co-therapist/supervisor.
- ___P Seeks input on group process issues as needed then works to apply new knowledge and skills. Is prepared for groups. Uses resources and data to incorporate current information into groups (e.g., mindfulness). Able to develop a group with little to no supervision.
- ___I Welcomes ongoing supervision to identify key issues and initiate group interaction. Identifies problematic issues in group process, but requires assistance to handle them. May require assistance organizing group materials and process. Uses role-play to help increase group skills in supervision.
- ___B Has significant insufficiencies in knowledge of group dynamics and understanding and implementation of group process. Unable to maintain control in group sufficient to cover content areas. Preparation is lacking and is disorganized.
- ___NI Lacks knowledge of group dynamics and understanding and implementation of group process. Cannot manage the group process. Unprepared for group therapy.
- ___U Engages in unethical and/or illegal practice and/or actions.

Comments:

Competency Element 7.2: Demonstrate competency in adapting psychotherapeutic interventions to individual aspects of clientele while maintaining the empirical core of the intervention.

Achieves good rapport with appropriate professional boundaries. Sensitivity to personal reactions towards clientele and self-awareness of the impact of self (e.g., individual differences, transference, world views, etc.) are apparent.

- ___NA Not applicable for this training/Not assessed during training experience.
- ___A Establishes excellent and meaningful rapport with nearly all clients; reliably identifies potentially challenging clients and seeks supervision as needed. Accurately self-monitors own responses to differences and differentiate these from clientele responses. Aware of personal impact on clients different from self. Thoughtful about own cultural identity and the client's cultural identity in the therapeutic relationship.
- ___P Generally comfortable and relaxed with clients; handles anxiety-provoking or awkward situations adequately so that they do not undermine therapeutic success. Aware of impact of self. Aware of cultural issues. Uses supervision well to examine personal reactions towards clientele.
- ___I Actively developing skills with new populations. Relates well when has

prior experience with the population. Uses supervision well to recognize impact of self and how this affects psychological work. While comfortable with some differences that exist between self and clients, may occasionally deny discomfort with clients to avoid discussing relevant personal and client identity issues. Uses supervision to help develop a better understanding of cultural issues.

- ___B Struggles establishing rapport or rapport is superficial in nature. A growing awareness of impact of self and how this affects psychological work is present. Requires supervision to work on cultural issues and to learn how to better establish a therapeutic relationship.
- ___NI Alienates clients or shows little ability to recognize problems in rapport. Has little insight into impact of self and how this affects psychological work.
- ___U Engages in unethical and/or illegal practice and/or actions.

Comments:

COMPETENCY 8: SUPERVISION

MEASURES

Competency Element 8.1: Demonstrate competency in utilizing clinical supervision as well as fundamental understanding of approach to conducting clinical supervision.

Seeks out consultation/supervision and training as needed and uses consultation/supervision and training time efficiently. Demonstrates receptiveness to consultation/supervision and training. Uses feedback from supervisors and peers constructively while integrating input from other disciplines as required. Offers information/opinions only in areas of competence.

- ___NA Not applicable for this training/Not assessed during training experience.
- ___A Open to feedback and actively solicits feedbacks without prompting. Shares opinions with others in areas of competence. Autonomously will seek supervision/consultation to better manage patient care.
- ___P Consistently seeks out consultation/supervision and training as needed, only occasional prompting and guidance to do so needed. Frequently receptive and open to consultation/supervision and training. Frequently uses feedback constructively. Offers information/opinions in areas of competence.
- ___I Seeks out consultation/supervision and training as needed, though may need prompting and guidance to do so. Generally receptive to consultation/supervision and training, but may be occasionally defensive. Generally uses feedback constructively and generally offers information/opinions only in areas of competence, though may overstep

- areas of competence occasionally.
- ___ **B** Needs intensive consultation/supervision, training, and guidance. May be defensive and resistive to important and necessary feedback. May offer information/opinions outside areas of competence.
 - ___ **NI** Frequently misses opportunities for consultation/supervision and training. Fails to use consultation/supervision time efficiently. Frequently defensive and inflexible, resists important and necessary feedback. Frequently offers information/opinions outside areas of competence.
 - ___ **U** Engages in unethical and/or illegal practice and/or actions.

Comments:

Intern understands the specialization of supervision, including standards and ethical issues.

- ___ **NA** Not applicable for this training/Not assessed during training experience.
- ___ **A** Possesses an accurate working knowledge of the specialization of supervision, including various models and techniques. Able to employ effective supervisory skills in a consistent manner and accurately evaluate complex ethical dilemmas related to supervision to arrive at appropriate resolutions.
- ___ **P** Possesses an accurate working knowledge of the specialization of supervision, including various models and techniques. Able to employ effective supervisory skills in a generally consistent manner with limited supervision or feedback.
- ___ **I** Possesses a generally accurate working knowledge of the specialization of supervision, including various models and techniques, but requires further education. Able to employ some effective supervisory skills, but may be inconsistent and requires routine training or supervision/consultation.
- ___ **B** Possesses some working knowledge of the specialization of supervision, including various models and techniques, but requires further training or supervision/consultation.
- ___ **NI** Possesses very limited working knowledge of the specialization of supervision, including various models and techniques. Able to employ almost no supervisory skills in an effective manner.
- ___ **U** Engages in unethical and/or illegal practice and/or actions.

Comments:

COMPETENCY 9: CONSULTATION AND INTERPROFESSIONAL/INTERDISCIPLINARY SKILLS.

MEASURES

Competency Element 9.1: Demonstrate competency in defining the scope of practice for professional psychologists, explaining the different areas of practice for different health care disciplines, and using this information to manage interactions between these disciplines.

- ___NA Not applicable for this training/Not assessed during training experience.
- ___A Evidences a clear, coherent understanding of the scope of practice for professional psychology, including the intern's own scope of practice, and how professional psychology fits in the context of the different professions respective scopes of practice; evidences the ability to use this knowledge to effectively manage interprofessional interactions
- ___P Able to accurately describe the general scope of practice of the profession of psychology, but vague or unclear about the intern's own specific scope of practice and how one defines/defends one's scope of professional practice; moderate awareness of other profession's scopes of practice.
- ___I Evidences a rudimentary and general understanding of the scope of practice for professional psychology; minimal awareness of the scopes of practice of other health professions
- ___B Able to provide a basic definition of a scope of practice, but minimal understanding of how this concept applies to the intern's work and eventual professional goals; similar limitations to understanding other professions
- ___NI Minimal awareness of the concept of a scope of professional practice and how that scope impacts professional functioning and behavior.
- ___U Engages in unethical and/or illegal practice and/or actions.

Comments:

Competency Element 9.2: Demonstrate competency in providing and receiving professional consultation.

Intern should understand the theoretical foundations and parameters of consultation, including ethical issues and current controversies within the field. Intern should demonstrate the capacity to effectively engage in consultation.

- ___NA Not applicable for this training/Not assessed during training experience.
- ___A Can independently choose appropriate means of evaluating consultation issues in complex cases based on parameters in the field. Aware of all major ethical considerations and able to incorporate them into consultation activities. Able to formulate professional and relevant written work product or presentations with minimal supervisory input. Effective in establishing rapport when consulting with other parties in even difficult or highly contentious situations.
- ___P Aware of parameters and ethical concerns related to consultation in routine cases and seeks supervision when unsure in complex cases.

Able to formulate a professional and relevant written or presented work product for routine cases, but may occasionally require significant supervisory input on more complex cases. Effective in establishing rapport when consulting with other parties in all but very difficult situations.

- ___I Aware of most parameters and ethical concerns related to consultation in routine cases, but few in complex cases. Able to independently design and implement consultation in routine cases with routine supervision; unable to independently design and implement consultation in complex cases. Written or presented work product generally effective in routine cases, but requires some improvement. Generally effective in establishing rapport when consulting with other parties.
- ___B Aware of some basic parameters in consultation. Can occasionally identify ethical concerns. Understands the process of designing and implementing consultation, but unable to do so independently. Unable to create a written or presented work product without significant revision. Minimally effective in establishing rapport when consulting with other parties.
- ___NI Unaware of parameters or ethical issues related to consultation which significantly hinders ability to effectively consult with others. Does not understand the process of designing or implementing consultation, and therefore, unable to create even minimally effective written or presented work product. Ineffective in establishing rapport when consulting with other parties.
- ___U Engages in unethical and/or illegal practice and/or actions.

Comments:

Competency Element 9.3: Demonstrate competency in functioning as a contributing member of a multidisciplinary team.

Intern should understand the process of program or intervention evaluations, including design, data gathering, and organizational issues.

- ___NA Not applicable for this training/Not assessed during training experience.
- ___A Independently develops methods to effectively evaluate complex interventions or programs. Develops goals and objectives relevant to organizational needs. Recognizes organizational demands and how these interact with changes in service delivery following a program or intervention evaluation. Exhibits forethought in structuring recommendations based on organizational demands. Seeks out training to further advance skills.
- ___P Independently develops methods to effectively evaluate routine interventions or programs with minimal supervision. Develops goals and objectives relevant to organization needs. Recognizes most organizational demands and how these interact with changes in service

delivery following a program or intervention evaluation. Develops recommendations to deal with organizational demands, missing no obvious potential difficulties and rarely missing minor potential difficulties.

- ___I Independently develops methods to effectively evaluate routine interventions or programs, but requires routine supervision and assistance. Develops some goals and objectives relevant to organization needs. Recognizes the majority of organizational demands and how these interact with changes in service delivery following a program or intervention evaluation. Can develop limited recommendations appropriate to deal with these demands, rarely missing obvious potential difficulties but occasionally missing minor potential difficulties.
- ___B Develops limited methods to effectively evaluate routine interventions or programs with guidance. Independently develops few goals and objectives relevant to organization needs and requires intensive supervision to structure evaluative projects. Recognizes few organizational demands and how these interact with changes in service delivery following a program or intervention evaluation. Develops few or inappropriately applied recommendations to deal with them.
- ___NI Unable to develop methods to effectively evaluate routine interventions or programs, even when provided guidance. Develops no or inappropriate goals and objectives relevant to organization needs. Recognizes no or inappropriate organizational demands related to evaluation or intervention. Develops no or inappropriately applied recommendations to deal with organizational demands.
- ___U Engages in unethical and/or illegal practice and/or actions.

Comments:

Supervisor Overall Comments/Summary:

Supervisor Signature/Date

Intern Comments:

I have received a full explanation of this evaluation. I understand that my signature does not necessarily indicate my agreement.

Intern Signature/Date

Range of Diversity Experiences

Intern: _____ Date: _____ Supervisor: _____

Rotation: Primary _____ Secondary _____

Instructions: During each rotation, keep a running diversity log to show the range of your diversity experience. Indicate the number of patients you assess and/or work with in therapy/assessment and number of staff you work with in your interdisciplinary teams that have the following characteristics:

	Consumers		Staff
	Assessment	Therapy	
African American	_____	_____	_____
Asian American	_____	_____	_____
Hispanic-American	_____	_____	_____
Native American	_____	_____	_____
Biracial	_____	_____	_____
Multiracial	_____	_____	_____
Lesbian	_____	_____	_____
Homosexual male	_____	_____	_____
Bisexual/transgender	_____	_____	_____
Non-traditional family	_____	_____	_____
Persons living with HIV/AIDS	_____	_____	_____
Over age 65	_____	_____	_____
Physical disabilities	_____	_____	_____
Homeless	_____	_____	_____
Combat veteran	_____	_____	_____
Rural	_____	_____	_____
Low Socioeconomic status	_____	_____	_____
Religion	_____	_____	_____
Other	_____	_____	_____

Case Conference Evaluation Form

Intern: _____ Date: _____

Strengths:

Weaknesses:

Competencies that are expected to be demonstrated during the case conference (please fill in the space the topic that was covered in this case conference and indicate the level of competency):

Beginning Intermediate Advanced Not Applicable

1. Assess./Diagnosis:

Comments:

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2. Intervention:

Comments:

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3. Consultation/Communication:

Comments:

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4. Professional and Ethical Behavior:

Comments:

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5. Human Diversity:

Comments:

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6. Research:

Comments:

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Comments on overall presentation:

Reviewed by

Intern

Date

Supervisor

Date

Supervision Model

Supervision is provided both formally and informally throughout the internship year. In keeping with APA and APPIIC standards, a minimum of four (4) hours of formal supervision is scheduled each week. Many additional hours are accumulated and logged through informal or extra scheduled time.

Rotation supervisor:

- Integrates activities of intern
- Provides specific (consumer focused) supervision of intern's caseload
- Supervises intern's rotation related to administrative responsibilities
- Participates with intern in co-therapy/co-assessment as appropriate
- Oversees initiation and completion of rotation contracts

Director of Training:

- Provides general administration of internship
- Provides supervision related to the above
- Provides supervision related to professional development
- Coordinates the didactic program
- Contributes to the evaluation of the interns
- Oversees completion of competency and minimum requirements
- Chairperson, Psychology Internship Committee

**Larned State Hospital
Psychology Internship Student Supervision Agreement**

This is an agreement between _____ (Intern) and _____ (Supervisor) and Larned State Hospital. **Both parties agree to the following:**

1. This supervisory arrangement is established for the following purpose(s): to establish new competencies and provide an opportunity in beginning professional development in the field of psychology. To the degree to which each party exercises control, it is the responsibility of both the supervisor and supervisee to ensure that the terms and conditions of the proposed supervision meet all requirements consistent with the above stated purpose of the supervised experience.
2. The term of supervision will be from _____.
3. Supervisee is expected to work 40 hours/week in professional activities being supervised, with 2 hours of 1:1 supervision/week from the primary supervisor, 1 hour of supervision from the secondary supervisor, and 1 hour of group supervision. The primary supervisor shall retain responsibility for oversight of the delegated work. (Delegated supervision may entail assigning a portion of the supervisee's work to the oversight of someone with specialty competency in an area of supervisee interest such as assessment or a treatment modality or an ethnic population, as examples. Group supervision may involve additional supervisees of the same discipline or a treatment team, as examples.)
4. No agent, associate, or employee furnished by either party shall be construed to be an agent, associate, or employee of the other party. This Agreement shall not be construed as a partnership, a partnership agreement, a contract of employment, a joint venture or a profit sharing agreement. Neither party has the authority to obligate the other to any additional undertaking or commitment whatsoever.
5. _____ (Intern) is receiving an approximate \$24,000 stipend, with insurance benefits and paid sick leave and vacation time.
6. Both parties have reviewed and consent to written policies and practices concerning client record keeping and access to records, documenting of supervised activities, documenting of supervision, confidentiality of client information and exceptions to confidentiality, handling of client emergencies and terminations, reporting of identity and supervised status of service provider, the indication of supervised status on all documents and reports, informing clients of provider's supervised status, and obtaining appropriate client informed consent.
7. Malpractice insurance to cover the supervisee's professional services rendered under supervision will be procured, maintained in full force and funded by the student or student's school.
8. Both parties agree to keep one another informed of all the facts about any alleged injury from the care or treatment of any patient and, subject to the terms of the malpractice policies, cooperate with each other in the conduct of the defense of any such claim.
9. Both parties agree to keep one another informed of changes, which may affect any of the terms of this Contract. Modifications to this Contract may be made

with agreement of both parties. Any dispute arising between the parties regarding the enforcement or application of this Agreement must first be submitted to mediation (The Internship Committee Review Board).

The Supervisor agrees to the following:

1. The supervisor will strive toward avoiding any problematic dual or multiple relationships with the supervisee, which could reasonably be expected to lead to exploitation or loss of objectivity. If a dual or multiple relationship does exist, the supervisor is responsible for explaining how the said relationship does not hamper objectivity or exploit the supervisee and the means developed to prevent/resolve any problems, which may arise from the said relationship.
2. The supervisor is responsible for the professional services provided by individuals under his/her supervision. The supervisor will assign to the supervisee only such tasks as the parties agree that the supervisee is competent to deliver by reason of the supervisee's training and experience. The supervisor will assign activities and delegate supervision in a manner consistent with the purpose(s) of this supervision contract, applicable state and federal law and the requirements of any applicable third-party payer program. Proposed supervisee activities are as follows: co-facilitating psychoeducational groups, shadowing various psychologists while conducting assessments and treatment, completing summaries for evaluation purposes, and collecting research articles in a field of interest. The back-up supervisor in case of emergency or absence of primary supervisor is your secondary supervisor. The supervisor will document supervision in the following manner: Contact log in a calendar.
3. The supervisor will continually evaluate the appropriateness of the services rendered and the professional development of the supervisee. Formal evaluation of the supervisee will occur on an on-going basis according to the procedures outlined in this handbook.
4. The supervisor proposes the following nature/style/manner of providing supervision to the supervisee: Face-to-face direct observation.
5. Appropriate space, equipment, and support services will be provided to supervisee.
6. The supervisor will maintain the following credentials in good standing: PhD/PsyD and LP. It is understood that the supervisory relationship must be terminated during any time the supervisor's license or other required credential(s) are suspended or subject to other disciplinary sanctions.
7. The supervisor will ensure the supervisee uses a title indicating the appropriate training status (Doctoral Intern).
8. Supervision will normally take place at the same site the supervisee's services are delivered.

The Supervisee agrees to the following:

1. The supervisee will document supervised activities in the following manner:
Contact Log.
2. The supervisee will follow all ethical codes, legal requirements, and office policies.
3. The supervisee will inform all clients of the supervised status of the treatment provider and obtain client consent prior to the commencement of services. The supervisee will ensure the supervised status is documented on all written reports.
4. The supervisee will consider the supervised experience as a learning opportunity and seek the benefit of the supervisor's instruction and oversight.

I have read the above, had an opportunity to discuss related questions, and agree to the provisions set forth.

Supervisor

Date

Supervisee

Date

Program and Competency-Related Goal Setting

Introduction: The section describes training, rotation, and case goals and describes how they are related to the program. Specific attention is given to how specific rotation and case goals are tied to the program competencies

Training goals: Develop training goals in view of the three program goals (prepare scholar-practitioner psychologists, prepare competent psychologists, and prepare interns for entry level practice in professional psychology)

Definition: Over the course of the internship year, proposed training goals are set to meet the three program goals noted above. During the initial weeks of the internship, each intern meets with his or her supervisors to develop training goals for the upcoming year. This process involves a discussion and/or review of the intern's professional goals, previous education, training, and clinical experiences, strengths and weaknesses, training interests and needs for the internship year, and competencies to be pursued. When the intern and the supervisor have reached agreement on the goals, the proposed internship course is signed and submitted to the Director of Training. If changes are needed, an addendum is completed and attached to the original.

Training Goals and Proposed Course Outline

Intern: _____ Date: _____

Supervisor: _____ Date: _____

Director of Training: _____ Date: _____

Instructions: The intern needs to develop training goals for the internship year. These are a work in progress and can be modified as necessary throughout the year. These goals are individualized and developed between the psychology supervisor and the intern.

Goal Number ____:

Three-month progress update:

Six-month progress update:

Nine-month progress update (for primary rotation only):

Twelve-month progress update (for primary rotation only):

Signatures:

Date

Intern

Date

Supervisor

LSH PSYCHOLOGY INTERNSHIP EVALUATION

This form has two parts. Part I requests general information about the internship setting. Part II requests information about your principal supervisor. This form is to be returned to the Internship Director. This form must be completed in order to receive credit for completion of your internship year (**Due AUGUST 1, 2018**).

Part I

1. Identification

a) Primary supervisor: _____

b) Secondary supervisors: _____

2. Description of Activities

What percent (%) of your working time did you spend within the following activities?

a) *Assessment:* interviewing _____

testing _____

other _____

Subtotal for assessment _____

b) *Treatment:* Individual psychotherapy _____

Group psychotherapy _____

Consultation to client's _____

Other (specify): _____

Subtotal for treatment _____

c) *Administration* (e.g., administrative meetings, policy sessions, memo writing, compiling statistics) _____

d) *Study and research* (article review and research) _____

e) *Supervision and Consultation* (e.g., individual/group supervision, case conference) _____

f) Time at the internship in which you found little to do _____

GRAND TOTAL (should equal) 100%

3. Description of Patients

a) What percent (%) of your internship time was spent with the following age groups?

Adolescents (14-18) _____

Adults (19-65) _____

Older adults (>65) _____

TOTAL 100%

b) During what percent of your internship time did you work with the following general categories of presenting problems:

Schizophrenia & other psychotic disorders ____
Mood disorders ____
Anxiety disorders ____
Substance use disorders ____
Personality disorders ____
Learning disabilities ____
Neuropsychological problems ____
Mental retardation ____
Conduct disorder/oppositional defiant ____
Other: _____

TOTAL 100%

4. Congruence of experience with expectations

a) Compared to your expectations when you agreed to take on this internship experience, did you put in:

More hours than anticipated ____

About the number of hours anticipated ____

Fewer hours than anticipated ____

Comments:

b) Were the activities of the internship:

As you expected ____

Different from what you expected ____

Comments:

c) Did you feel able to negotiate with representatives of the site when your expectations or needs were different from the experiences you were having?

Yes ____

No ____

Sometimes ____

Not relevant ____

Comments:

5. Exposure to other professionals

Did you have contact with professionals from other disciplines?

a lot ____

Occasionally ____

Very little ____

None at all _____

Would you have liked the opportunity for more contact with other disciplines?

What I had was sufficient _____

I would have wanted more contact _____

Comments: _____

Part II

The items below ask for ratings and comments about your experience with your primary and secondary supervisors (please make copies as needed).

1. Supervisory Timeliness: (e.g., punctuality, keeping appointments, providing the supervisory time you had been scheduled to receive, reports reviewed/returned w/commentary w/in one week of receipt).

1	2	3	4	5
Poor	Marginal	Satisfactory	Very good	Excellent

Comments: _____

2. Interests: (e.g., Was the supervisor interested in supervision, involved in intern's progress, etc.).

1	2	3	4	5
Poor	Marginal	Satisfactory	Very good	Excellent

Comments: _____

3. Openness and Supportiveness: (e.g., Did the supervisor exhibit warmth, empathy, absence of interfering biases or "defenses"; support provided by supervisor in dealing with difficult situations).

1	2	3	4	5
Poor	Marginal	Satisfactory	Very good	Excellent

Comments: _____

4. Adequacy of Teaching Methods: (this may, but does not necessarily have to include such things as providing demonstrations, role playing, direct suggestions or information, feedback on session tapes and readings).

1	2	3	4	5
Poor	Marginal	Satisfactory	Very good	Excellent

Comments:

5. Provision of Feedback during the course of the semester: (e.g., providing feedback on day-to-day handling of cases, therapist presentation, general progress of therapist).

1	2	3	4	5
Poor	Marginal	Satisfactory	Very good	Excellent

Comments:

6. Helpfulness of ongoing feedback:

1	2	3	4	5
Poor	Marginal	Satisfactory	Very good	Excellent

Comments:

7. Supervisor's Level of Knowledge: (e.g., knowledge of relevant research, resourcefulness, adequacy as a role model, clinical skills).

1	2	3	4	5
Poor	Marginal	Satisfactory	Very good	Excellent

Comments:

8. How much do you feel you have learned from this supervisor?

1	2	3	4	5
Nothing	A little bit	Satisfactory	Above average	Tons

Comments:

9. How would you rate the overall quality of this supervisor (e.g., supervisor as a professional role model)

1	2	3	4	5
Poor	Marginal	Satisfactory	Very good	Excellent

Comments:

10. Exposure to other supervisors

a) How much contact did you have with other supervisors?

1	2	3	4	5
None	Very little	Satisfactory	Frequently	All the time

Comments:

11. How would you rate the availability of physical resources (e.g., books, tests, materials, computers, etc.)?

1	2	3	4	5
Poor	Marginal	Satisfactory	Very good	Excellent

Comments:

12. Do you have any additional comments on quality of supervision, your experience within the setting, etc.?

13. Do you have any suggestions regarding how the internship experience in this setting might be improved in the future?

LARNED STATE HOSPITAL PSYCHOLOGY INTERNSHIP PROGRAM
INTERN SELF-EVALUATION
 (To Be Completed Annually)

Intern's Name: _____

Please rate yourself in each of the following major domains of practice as a clinical psychologist, taking time to reflect on personal strengths and areas of growth as you complete your training. This is intended to be a reflective process of growth for you to discuss with your supervisor(s) as you anticipate the next steps in your clinical career.

Rating Scale (competency):

0 1 2 3 4
 Not at all/slightly Somewhat Moderately Mostly Very

Psychological Assessment:

Please rate your competency (0-4 scale as identified above) as relates to the following:

A	Intake/Interviews	0	1	2	3	4
B	Test Selection and Administration	0	1	2	3	4
C	Test Scoring and Interpretation	0	1	2	3	4
D	Assessment Writing Skills	0	1	2	3	4
E	Knowledge of DSM-5 Diagnoses and Differential Diagnoses	0	1	2	3	4

Please add comments for perceived strengths and perceived areas of continued growth:

Intervention Competency Overall Self Rating:

Please rate your competency (0-4 scale as identified above) as relates to the following:

A	Case Conceptualization and Therapy Goals	0	1	2	3	4
B	Therapeutic Relationship and Sensitivity to Self	0	1	2	3	4
C	Client Diversity	0	1	2	3	4
D	Group Therapy Skills and Preparation	0	1	2	3	4

Please add comments for perceived strengths and perceived areas of continued growth:

--	--

Consultation/Supervision Competency Overall Self Rating:

Please rate your competency (0-4 scale as identified above) as relates to the following:

A	Use of Consultation/Supervision	0	1	2	3	4
B	Evaluation (program or intervention evaluations)	0	1	2	3	4
C	Professional Behavior and Ability to Accept Feedback	0	1	2	3	4
D	Mandatory Supervision and Training	0	1	2	3	4
E	Supervision Knowledge	0	1	2	3	4

Please add comments for perceived strengths and perceived areas of continued growth:

--	--

Professional Development Competency Overall Self Rating:

Please rate your competency (0-4 scale as identified above) as relates to the following:

A	Professional Relationships	0	1	2	3	4
B	Ethics and Associated Legal Statutes	0	1	2	3	4
C	Application of Research to Clinical Practice	0	1	2	3	4
D	Organizational Skills and Autonomy	0	1	2	3	4
E	Documentation	0	1	2	3	4

Please add comments for perceived strengths and perceived areas of continued growth:

Supervisor's Comments/Ratings:

Intern's Signature

Date

Supervisor's Signature

Date

**LSHPIP
One Year Follow-up Survey**

Name:

Current employment location:

Current job title:

Current job duties:

Current licensure status:

Please answer the following questions:

Using the below scale, please rate LSHPIP on how well we met our objectives to best prepare you as a psychologist

1	2	3	4	5
Poor	Marginal	Satisfactory	Very good	Excellent

- ___ Demonstrate scholar-practitioner knowledge and understanding
- ___ Conducting/completing Intake/Clinical Interviews
- ___ Psychological Test Selection and Administration
- ___ Psychological Test Scoring and Interpretation
- ___ Report Writing Skills
- ___ Demonstrate knowledge of DSM-5 and differential diagnosis
- ___ Case Conceptualization and Therapy Goals
- ___ Therapeutic Relationship and Sensitivity to Self
- ___ Individual Therapeutic Intervention and Sensitivity to Clientele
- ___ Diversity
- ___ Group Therapy Skills and Preparation
- ___ Consultation/Supervision
- ___ Program Evaluation
- ___ Professional Relationships
- ___ Supervision Knowledge
- ___ Demonstrate knowledge and application of research findings to clinical practice
- ___ Ethics and associated legal statutes
- ___ Organizational Skills and Autonomy
- ___ Documentation

APPENDIX A **STAFF DIRECTORY**

Last Name	First Name	Office Phone	Cell Phone	Office	Position
BARNUM	David	4674	804-2165	Volunteer Bldg.	Clinical Director/Training Director
KARP	Robin	4040	804-2077	Volunteer Bldg.	Psychology Director
STROBEL	Bonnie	4870		Volunteer Bldg.	Sr. Adm. Assistant
PSP					
VONDRACEK	Debra	4506	804-1020	ATCE	Supervising Psychologist
BARRETT	Lisa	4836		ATCE	Psych III
BROWN	Eric	4068		CSU	Psych II
COFFIELD	Snow	4899		ATCW	TPC East/West - Sr. Adm. Asst
GILES	Jo Ann	4001		CSU	TPC - Sr. Adm. Asst
HICKEL	Greg			CSU	Human Services Counselor
MURRAY	Sean	4833		ATCE	Program Consultant I
NWACHUKWU-UDAKU	Okey	4589		CSU	Psych II
SMITH	Dennis R.	4220		ATCE	Chemical Dep. Counselor
SSP					
DAUM	Roy	4063		IR E3 & N1	Psych II
FARR	Rebecca	4069		IR East 3	Psych III
GRALOW	Dorothy	6402		IR East 3	Psych II
HAMRICK	Travis	4638		IR S1	Psych II
PONCE	Aracely	4031		IR East 1, 2, 3	TPC - Sr. Adm. Asst.
PROCTOR	Tara	4729		IR N1, N3, S1	TPC - Sr. Adm. Asst.
TIMS	David	4077		IR N1	Psych II
SPTP					
APPLEQUIST	Keri	4748	804-1070	Meyers House East	Assistant Clinical Director for SPTP
GREATHOUSE	Tina	4014		Dillon	TPC - Sr. Adm. Asst.
SCHWARTZ	Kasi	4731		Jung S 109	TPC – Sr. Adm. Asst.
WEISHAAR	Makenzie	4840		Jung S 109	TPC – Sr. Adm. Asst.
2018-2019 Post Doctoral Fellows					
SCHNEIDER	Brent			ATC	Postdoctoral Fellow
GREEN	Renee			Isaac Ray	Postdoctoral Fellow
2018-2019 INTERNS, Doctoral practicum & Student practicum					
CARDELL	Amanda			Isaac Ray	SSP Intern
PETERSON	Samantha			Isaac Ray	SSP Intern
PRAZAC	Michael			ATC	PSP Intern

Training Faculty

David Barnum, PhD, Clinical Director/Director of Training

Robin Karp, Psy.D. Director of Psychology

Debra Vondracek, PsyD, Supervising Psychologist

APPENDIX B
Example of an Intern Schedule

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						1
2	3 Minor rotation	4 Primary rotation & intern/pos t-doc group	5 Primary rotation	6	7 Primary rotation & Group Sup (1-5)	8
9	10 Minor rotation	11 Primary rotation & intern/pos t-doc group	12 Primary rotation	13 Primary rotation	14 Primary rotation & Group Sup (1-5)	15
16	17 Minor rotation	18 Primary rotation & intern/pos t-doc group	19 Primary rotation	20 Primary rotation	21 Primary rotation & Group Sup (1-5)	22
23	24 Minor rotation	25 Primary rotation & intern/pos t-doc group	26 Primary rotation	27 Primary rotation	28 Primary rotation & Group Sup (1-5)	29
30	31 Minor rotation					

*Interns will have 2 hours of individual supervision a week from primary supervisor

* Interns will have 1 hour of individual supervision a week from secondary supervisor

* Interns will have 1 hour of group supervision a week from

Appendix C
Didactic Training Schedule
Friday's from 1:00 – 5:00 PM
Volunteer Building Conference Room

August 10	Mental Health Conference/NEO
August 13-15	CPI Training
August 17	Review of LSH Internship Handbook (Dr. Karp) Learning objectives include: reviewing the evaluation forms for the internship, time management, the grievance process, and the training schedule Reference list includes: the LSHPIP Handbook
August 20-22	New Employee Orientation (NEO)
August 24	Competency Restoration Treatment (Dr. Taylor) Learning Objectives: Outline core elements of CRT References: LSH CRT Handbook
August 31	Ethics/Duty to Warn/Risk Management (Dr. Vondracek) Learning objectives include: reviewing the hospital's policies on ethical and professional behavior, the APA Ethics code, the Forensic Specialty Guidelines, and the hospital's Duty to Warn Policy Reference list includes: LSH policies, APA Ethics Code (2010), and the Forensic Specialty Guidelines
September 7	The Golden Thread: Problem to Intervention via CITP (Barnum) Learning Objectives: Outline an individualized, interactive treatment planning process, including documentation policies at LSH; Actively generate the links from presenting problem to long and short term goals then intervention and discharge. Reference List: LSH CITP policies, ??
September 14	Dealing with Difficult Clients (Dr. DesLauriers) Learning objectives include: defining "difficult," identifying difficult clients, working with difficulties in a constructive manner including techniques for dealing with difficulty in the therapy process Reference list includes: <i>Motivational Interviewing: Preparing People for Change</i> by Miller and Rollnick; <i>Learning ACT</i> by J B Luoma, S C Hayes, and R D Walser

- September 21 **Effective Multidisciplinary Team Membership** (Snodgrass)
 Learning objectives include: *identify context of culture in conflictual situations, learn communication and conflict resolution skills*
 Reference list includes: *Larned State Hospital Written Plan for Professional Services; Managing Conflicts and Improving Relationships in the Workplace*
 Learning Objectives:
 References:
- September 26 **Legal Statutes** (KDADS Legal)
 Learning objectives include: understanding important statutes and legal considerations with our patients
 Reference list includes: Kansas statutes and case law
- October 5 **Evaluation of Adjudicative Competency & Ethical Considerations** (Dr. Daum)
 Learning objectives include: the history of competency evaluations, competency evaluations in Kansas, special populations, assessment tools, and the evaluation process
 Reference list includes: *Assessment of Competency to Stand Trial* by Randy K. Otto, Ph.D., April 2009 and *Ethical Issues for the Forensic Psychologist* by Donald N. Bersoff, Ph.D., ABPP, May 2010
- October 12 **Institutional Cultures & Professionalism** (Snodgrass & Barnum)
 Learning Objectives:
 References:
- October 18 **COD** (Dennis Smith)
 Learning objectives include: defining COD, role of COD at LSH
 Reference list includes: Dual Diagnosis workbook by Dennis Daley *Why I Came to Treatment*; Internet resources including NIDA, SAMSHA, and Chestnut.org websites
- October 26 **Suicidology and Suicide Prevention** (Barnum)
 Learning objectives: Identify static and dynamic risk factors for suicide; Explain protective factors that reduce overall suicide risk; outline a phenomenological understanding of suicidal thinking; use an evidence based instrument to systematically assess risk for suicide and develop treatment plan elements to reduce risk.
 References: Man Against Himself (Menninger); CSSR-T; LSH Policies
- November 2 **Trauma Informed Care** (Dr. Karp)
 Learning objectives include: incorporating trauma assessment and crisis management into current practices

Reference list includes: *Complex Trauma, Complex Reactions: Assessment and Treatment* by C A Courtois; National Center for Injury Prevention and Control; SAMSHA

November 9

Group Therapy (Dr. Karp)

Learning objectives include: common group modalities for inpatient settings, recognizing and managing problems encountered with conducting inpatient group therapy, ethical issues associated with group therapy conducted in an inpatient setting

Reference list includes: American Group Psychotherapy Association Science to Service Task Force; *Introduction to Group Therapy*, by V Brabender; Center for Substance Abuse Treatment; *Locks, Keys, and Security of Mind: Psychodynamic Approaches to Forensic Psychiatry* by J Yakeley and J Adshead; *The Theory and Practice of Group Psychotherapy (5th ed.)* by I D Yalom and Leszcz

November 16

Brief Therapy (Dr. Vondracek)

Learning objectives include: theories and practice of brief therapy, including when its use is appropriate

Reference list includes: J. Cooper, Overview of crisis intervention in Jackson-Cherry, L. & Erford, B. (Eds.), *Essential Crisis Intervention Skills*; Daughhetee, C. & Bartlett, M. (2010). Overview of crisis intervention in Jackson-Cherry, L. & Erford, B. (Eds.), *Reacting in Crisis Situations*

November 23

Holiday

November 30

Parallel Assessment for Competency to Stand Trial (Dr. Daum)

Learning objectives include: ruling out mental impairment and methods of collecting data and reporting to the court when the reportee is uncooperative

Reference list includes: *Parallel Assessment of Competence to Stand Trial* by R V Stredny, A Torres, and G J Wolber; *Comprehensive Assessment of Malingering in Forensic Settings* by Richard Frederick, Ph.D., April, 2009

:

December 7

Malingering (TBA)

Learning objectives include: defining malingering and assessing malingering (with a discussion on various assessment tools

Reference list includes: *Clinical Assessment of Malingering and Deception, Third Edition* by Richard Rogers PhD ABPP and the manuals for the TOMM/SIRS/SIMS

- December 14 **Working in the Private Practice Sector** (Dr. Barnum)
 Learning objectives include: pros and cons of working in a private practice, how to begin private practice work, ethical considerations in private practice
 Reference list includes: *The Paper Office, Fourth Edition: Forms, Guidelines, and Resources to Make Your Practice Work Ethically, Legally, and Profitably (The Clinician's Toolbox)*, by Edward L. Zuckerman PhD; *Getting Started in Private Practice: The Complete Guide to Building Your Mental Health Practice* by Chris E. Stout
- December 21 **Geriatric Patients** (Dr. Vondracek)
 Learning objectives include: identifying effective therapy strategies for a geriatric population, ruling out medical causes of mental health symptoms, how to involve family in treatment, and ethical issues
 Reference list includes: Zarit and Zarit, *Mental disorders in older adults: Fundamentals of assessments and treatments*, Geriatric neuropsychology: Assessment and intervention (Attix, D. and Welsh-Bohmer, K.)
- December 28 **SPE** (Dr. Farr)
 Learning objectives include: history of Sexual Predator Evaluations, the evaluation process, assessments used, issues with testimony and how to handle oneself in the courtroom
 Reference list includes: K.S.A. 59-29a01 et seq.; Witt, P.H., & Conroy, M.A. (2009). *Evaluations of Sexually Violent Predators*; Phenix, A., Helmus, L.M., & Hanson, R.K. (2015). *Static-99R and Static-2002R Evaluators' Workbook*; Doren, D.M. (2002). *Evaluating Sex Offenders: A Manual for Civil Commitments and Beyond*; Hanson, R.K., & Morton-Bourgon, K.E. (2005). The characteristics of persistent sexual offenders: A meta-analysis of recidivism studies. Schopp, R.F., Scalora, M.J., & Pearce, M. (1999). Expert testimony and professional judgement: Psychological expertise and commitment as a sexual predator after Hendricks
- January 4 **Behavioral Interventions/Behavior Support Plans** (Dr. Barnum)
 Learning objectives include: explaining the application of basic behavior change principles in inpatient psychiatric settings; understanding the elements of a BSP plan, tailoring it for maximum effectiveness, training unit staff, and the collection, compilation and utility of the data garnered
 Reference list includes: the BSP template and related hospital policies

- January 11 **Grief, Death & Dying** (Vondracek)
Learning objectives include:
Reference list includes
- January 18 **Stages of Change Model** (Dr. Barnum)
Learning objectives include: outline elements of the
Transtheoretical Model of Change; apply Transtheoretical Model to
one's particular therapy approach and to an overall explanation of
therapeutic change.
Reference list includes: Kanfer & Goldstein, (1991). *Helping People
Change*; Hubble, Duncan, & Miller, (1999). *The Heart and Soul of
Change*.
- January 25 **Program Evaluation** (Dr. DesLauriers)
Learning objectives include: overview of program evaluation.
Reference list includes: *Program Evaluation: Methods and Case
Studies, 7th Edition* by Emil J. Posavac and Raymond G. Carey
- January 31 **SPTP** (Keri Applequist)
Learning objectives include: the history of SVP laws, SVP law in
Kansas, and overview and history of the LSH SPTP program
Reference list includes: various Supreme Court Cases (US v.
Hendricks; Crane v. US and data from the SPTP program
evaluation process
- February 8 **EPPP** (TBA)
Learning objectives include: preparing for the examination.
Reference list includes: practice tests and material from EPPP
preparatory classes
- February 15 **Lack of Mental State Assessment** (Dr. Daum)
Learning objectives will include: how to assess, write, and provide
expert testimony on lack of mental state evaluations
Reference list includes: Regina v McNaghten, 1843; Durham v US,
1954; and Model Penal Code, 1970
- February 22 **Hypnotherapy and Therapeutic Communication** (Barnum)
Learning Objectives include:
References include:
- March 1 **Complex Trauma** (Dr. Karp)
Learning objectives include: differences between PTSD and
complex trauma, tools for assessment, empirically based treatment,
and problems often associated with treatment
Reference list includes: *Treating Survivors of Childhood Abuse:
Psychotherapy for the Interrupted Life* by Cloitre, Cohen, and

Koenen; *Complex trauma, complex reactions: Assessment and treatment* by Courtois; *Treating Complex Traumatic Stress Disorders. An Evidenced-based Guide* by Courtois and Ford; *Trauma and the Therapist: Countertransference and Vicarious Traumatization in Psychotherapy with Incest Survivors* by Pearlman and Saakvitne

- March 8 **GLM/SRM-R** (Dr. DesLauriers)
Learning Objectives include: understanding a Positive Psychology model, linking motivation and values within a GLM framework, and understanding the use of offense-chains and Good Life Plans
Reference list includes: *Applying the Good Lives and Self-Regulation Models to Sex Offender Treatment* by Yates, Prescott and Ward; *Building a Better Life: A Good Lives and Self-Regulation Workbook* by Yates and Prescott
- March 15 **Integrated Behavioral Health** (Dr. Vondracek)
Learning objectives include: roles of a psychologist in a medical setting, how medical and psychological issues can impact each other, and brief treatment in a medical setting
Reference list includes: Gerrity, Evolving models of behavioral health integration; evidence update 2010-2015. *Milbank memorial fund*; Screening, brief interventions, referral to treatment (SBIRT) for illicit drug and alcohol use at multiple healthcare sites: Comparison at intake and six months by Madras, Compton, Avula, Stegbauer, Stein, and Clark, W. (2009). *Drug and Alcohol Dependence* .
- March 22 **Positive Psychology** (Dr. Barnum)
Learning objectives include:
Reference list includes:
- March 29 **WAIS-IV/RIAS/KBIT-2, Part I** (Dr. Barrett)
Learning objectives include: administration, scoring and interpretation of the WAIS-IV and RIAS
Reference list includes: WAIS-IV manual and RIAS manual
- April 5 **WAIS-IV/RIAS/KBIT-2, Part II** (Dr. Barrett)
Learning objectives include: administration, scoring and interpretation of the WAIS-IV and RIAS
Reference list includes: WAIS-IV manual and RIAS manual
- April 12 **WMS-IV** (Dr. Vondracek)
Learning objectives include: administration of the WMS-IV, common pitfalls in administration, scoring the WMS-IV, and report integration

Reference list includes: WMS-IV manual

April 19

Risk Assessment (Travis Hamrick)

Learning objectives include: defining risk assessment, process of completing a risk assessment, assessment tools (COVR, PCL-R, HCR-20)

Reference list includes: *Rethinking Risk Assessment: The MacArthur Study of Mental Disorder and Violence* by John Monahan, Henry J. Steadman, Eric Silver, and Paul S. Appelbaum; COVR and PCL-R manual

April 26

Psychopathy (Dr. Nwachukwu-Udaku)

Learning objectives include: conceptual and theoretical issues related to psychopathy, research on psychopathy as a risk factor or recidivism and violence, including sexual offending

Reference list includes: *The Mask of Sanity, 5th Ed.* by H Cleckley, and PCL-R Manual

May 3

ACT (Dr. DesLauriers)

Learning objectives include: goal of ACT and the six processes of ACT

Reference list includes: Hayes, Strosahl, and Wilson, *Acceptance and Commitment Therapy: An Experiential Approach to Behavior Change*; Luoma, Hayes, and Walser, *Learning ACT: An Acceptance and Commitment Therapy Skills Training Manual for Therapists*

May 10

Psychopharmacology (Dr. Burke)

Learning objectives include: basic principles of pharmacokinetics and pharmacological psychodynamics and commonly prescribed psychotropic medications, their uses, and possible side effects

Reference list includes: American Psychological Association, Practice guidelines regarding psychologists' involvement in pharmacological issues; *Merck Manual of Diagnosis and Therapy (18th ed.)*; *Synopsis of psychiatry (10th ed.)* by Sadock and Sadock

May 17

Psychopharmacology II (Dr. Burke)

Learning objectives include: basic principles of pharmacokinetics and pharmacological psychodynamics and commonly prescribed psychotropic medications, their uses, and possible side effects

Reference list includes: American Psychological Association, Practice guidelines regarding psychologists' involvement in pharmacological issues; *Merck Manual of Diagnosis and Therapy (18th ed.)*; *Synopsis of psychiatry (10th ed.)* by Sadock and Sadock

- May 24 **Expert Testimony** (Dr. Farr)
 Learning objectives include: role of testimony at LSH, experience with court cases at LSH, and tenants of good testimony
 Reference list includes: *Coping With Cross-Examination and Other Pathways to Effective Testimony* by Stanley L. Brodsky; *The Expert Witness: More Maxims and Guidelines for Testifying in Court* by Stanley L. Brodsky
- May 31 **Diverse Diversity Considerations** (Barnum)
 Learning Objectives include:
 References include: *Counseling the Culturally Diverse: Theory and Practice* by Sue and Sue; APA Guidelines for Providers of Psychological Services to Ethnic, Linguistic, and Culturally Diverse Populations by Bernal and Rodriguez; *Cultural Adaptations: Tools for Evidence-Based Practice with Diverse Populations*, American Psychological Association
- June 7 **Doing Supervision** (Dr. Barnum)
 Learning objectives include: theories/models of supervision, pitfalls and ethical considerations with supervision
 Reference list includes: *Casebook For Clinical Supervision: A Competency-based Approach* by Carol A. Falender and Edward P. Shafranske
- June 14 **Spirituality at a State Hospital** (Jeff Brown)
 Learning objectives include: role a clinical chaplain versus that of minister, priest or volunteer pastor, differences between spirituality and religious needs, and working within a multidisciplinary environment.
 Reference list includes: chaplaincy manuals.
- June 21 **Motivational Interviewing** (Dr. DesLauriers)
 Learning objectives include: familiarity with techniques for developing readiness to change and dealing with therapeutic ambivalence
 Reference list includes: Miller and Rollnick, *Motivational Interviewing: Helping Persons Change, (Applications for Motivational Interviewing)*, 3rd Ed.; and Sobell and Sobell, *Group Therapy with Substance Use Disorders; A motivational cognitive behavioral approach*
- June 28 **Mock trial** (Training Staff)
 All interns serve as an expert witness with local attorneys and judge using a redacted forensic evaluation or report to the court

- July 5 **Ongoing Professional Development** (Barnum)
Learning Objectives:
References:
- July 12 **State of Mental Health** (Dr. Barnum)
Learning objectives include: thinking critically about how
budgets/politics/etc. can impact the delivery of mental health
services.
Reference list includes: NAMI website, KHI website
- July 19 **Present Dissertation/CRP** (Interns)
Learning objectives include: ability to critically discuss research
- July 26 **Report out on intern project** (Interns)
- August 2 **Graduation**

training Faculty

David Barnum, PhD – Clinical Director/Director of Clinical Training
Robin Karp, Psy. D. LP – Director of Psychology
Debra Vondracek – Supervising Psychologist – PSP
Austin DesLauriers – Supervising Psychologist Emeritus

APPENDIX D
EVALUATION OF DIDACTIC PRESENTATION
LARNED STATE HOSPITAL PSYCHOLOGY INTERNSHIP PROGRAM

Date of presentation: _____
Topic: _____
Presenter: _____

1. On the bases of my overall impression of this presentation, I would evaluate it as:

Excellent_____ Good_____ Satisfactory_____ Below Average_____ Poor_____

2. The presenter was well prepared:

Strongly agree_____ Agree_____ Neutral _____ Disagree_____ Strongly disagree_____

3. The material was interesting and informative:

Strongly agree_____ Agree_____ Neutral _____ Disagree_____ Strongly disagree_____

4. The presenter held my attention:

Strongly agree_____ Agree_____ Neutral _____ Disagree_____ Strongly disagree_____

5. The topic of the presentation was covered sufficiently:

Strongly agree_____ Agree_____ Neutral _____ Disagree_____ Strongly disagree_____

6. What aspect of the presentation did you like the most and why?

7. What aspect did you like the least and why?

8. Suggestions for improvement.

9. Topics of interest for future training sessions:

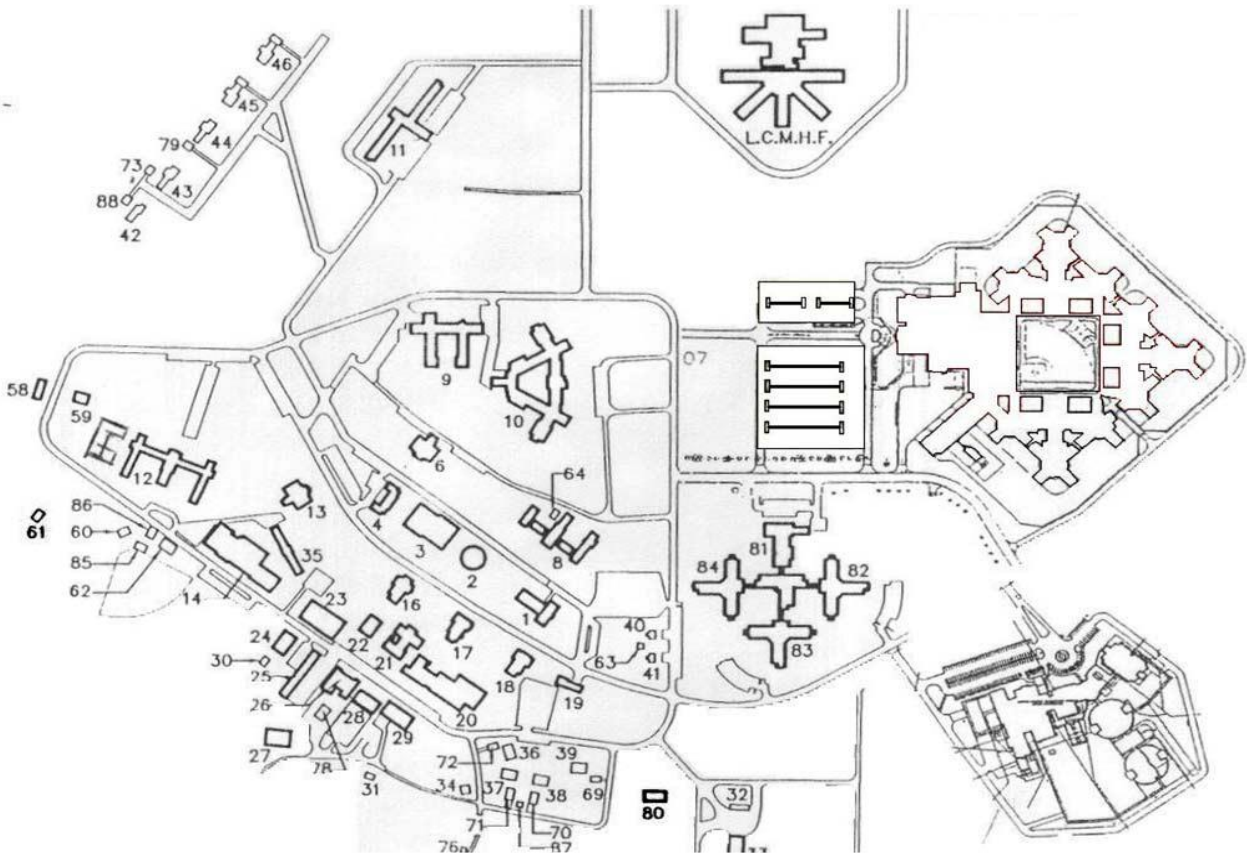
APPENDIX E

Example of time log

Larned State Hospital: Weekly Hours						Date:
Intern:						
Supervised Hours for the Week of _____ to _____	Monday	Tuesday	Wednesday	Thursday	Friday	Totals
Direct Service:						
Individual						
Group						
Staffing (patient present)						
Testing & Assessment						
Psych-Education Presentations						
Other: (e.g., Intake/Structured Interview)						
Subtotals						
Other Activities:						
Training Received						
Case Management						
Assess. Scoring, Interpretation, & Report Writing						
Staff Meetings						
Professional Development						
Charting						
Miscellaneous Paper Work						
Record Review						
Other: (e.g., Peer Supervision/Consultation)						
Subtotals						
Supervision Received:						
Face to Face, Individual with Primary Supervisor						
Group Supervision						
Face to Face, Individual with Secondary Supervisor						
Subtotals						
Totals						

APPENDIX F

CAMPUS MAP



BUILDING KEY:

- 1 Administration/Auditorium
- 2 Chapel
- 3 Main Cafeteria
- 4 Gheel
- 6 Sellers
- 8 Hospital
- 9 Meyer
- 10 Jung
- 11 Jenkins (DOC)
- 12 Dillon
- 13 Beers
- 14 Activity Therapy
- 15 N/A
- 16 Capper
- 17 Lee
- 18 Allen
- 19 Safety/Security
- 20 Supply
- 21 Canteen
- 22 Storage "Caves"

- 23 Laundry
- 24 Paint Shop
- 25 Engineering
- 26 Vocational
- 27 Grounds Storage
- 28 Carpenter Shop/Motor Pool
- 29 Power Plans
- 30 Masonry Storage
- 35 Horticulture Center
- 36 101 Staff house
- 37 102 Staff House
- 38 103 Staff House
- 39 104 Staff House
- 40 201-202 Staff House
- 41 203-204 Staff House
- 42 300 Staff House
- 43 301 Staff House
- 44 302 Staff house
- 45 303 Staff House
- 46 304 Staff House
- 81 Treatment Center North
- 82 Treatment Center East
- 83 Treatment Center South
- 84 Treatment Center West

APPENDIX G

Intern Disclosure Letter (to be put on current LSH Letterhead)

Dear Larned State Hospital Patient:

The purpose of this letter is to inform you that Larned State Hospital Psychiatric Services Program (PSP) utilizes the services of Psychology Interns.

Intern X, M.S. is supervised by [Supervisor Name, Degree, Credential]

If you would like to contact [her/his supervisor name] about the services you receive from Renee, please fill out a request form and turn it in to your treatment team.

Please keep a copy of this notice for your records.